08273

				YF						
1. PLACE OF DEATH o. COUNTY			MARYL		a. STATE		b. COUNTY	1 50	ce before Geor	
	I (If outside corporate limit		c. LENGTH OF STAY I	NI 16	c. CITY OR TOWN (IF	yLand				-
RURAL and give	neorest tawn)	is, wille	C. LENGTH OF STATE	14.	,		TOTE IMITIS, WITTE	Ourse one g	,	
Cottage				7 7	Cottage	OTCA				IC RECIDENCE
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in haspital, g N	jive street	address)		d. STREET ADDRESS	- homi	Stroot			ON A FARM?
1107	Shepherd S	t.			4107 She	buerc	Diree	,		YES . NO
3. NAME OF	Fir	st	Middle		Lost	4. DATE OF	Mar	ith	Day	Year
(Type or print)	Max	ישי	Elizabe	ath	Adams	DEATH	7		7	1966
5. SEX	6. COLOR OR RACE		RIED NEVER MARRIE		DATE OF BIRTH		9. AGE (In years last birthday)			UNDER 24 HR
173.4	3.7	WIDOW	ED DIVORCED	DK	/12/1861		QQ yrs.	Manths	Days I	Hours Min.
10a. USUAL OCCUPA	TION (Give kind af wark				Y 11. BIRTHPLACE (Stote	e ar foreign c	ountry)	12. CITI	ZEN OF W	VHAT COUNTRY
during most of w	orking life, even if retired)			Iowa			J	J.S.	A.
Housewif	8	`			14. MOTHER'S MAIDEN	NAME				
	Buchanan				Caroline		ue			
		I		1				ress		
(Yes, no, or unknown)	VER IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO.	17. INFO	dys A. Ty	man lu			a St	N.W.
no			none	Gla	ays A. Ty.	Lea-4	TO L DITE	buer	1 50	. 24 . 44 .
18. CAUSE OF D	EATH [Enter only one co	use per li	ine far (a), (b), ond (c).]						INTER	VAL BETWEEN
PART I. D	EATH WAS CAUSED BY:								9	14
113	IMMEDIATE CAUSE (d		monaryCocc	11331	on				-	
1	DUE TO	,								
Canditions, if		A A	arriesel a el	ic h	S & C & - B	<u> </u>			+	
cause (o), statin)								
lying cause los	_ ' '									
Z PART II. C	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT NO	OT RELATED TO THE TERM	MINAL DISEAS	E CONDITION GI	VEN IN PAR	T 1(o) 19.	WAS AUTOPS' PERFORMED?
PART II. C)	YES NO
	WAS UNDERLYING	20b. DES	CRIBE HOW INJURY OF	CURRED.	Enter nature of injury in	n Part I or Pa	rt II of item 18.)			
OR CONTRIBUTION (IF EITHER, NOTI	NG CAUSE OF DEATH									
	URY Manth, Day, Ye	or 20d I	NJURY OCCURRED	20e. PLACI	OF INJURY (Home, for	rm. 20f. (Cit	v or town)	(1	Caunty)	(Stot
WEDI CALL HOUR G. M. P. M.	n.	While	Not while		y, street, office bldg., e					
₹ p. n	n. 19	ot wo	rk at work				1 *			
21. I certify t	hat (I) (this haspita	l) atten	ded the deceased	fram	1/5/1	245 to_	7/7/60-	, 19	, tha	t (1) (we) la
	eased alive an7		19, and			A.M. fram	the causes a	nd an the	e date s	stated abav
22a. S GNATURE		-		711						22b. DATE SIGNE
111	700 L H	AA	exac	M.1	D. PHYS.	MED. DIRECTOR	STAFF PHYS.			SIGNE
22c. PHYSICIAN'S		1			22d. ADDRESS		1 0	1 01		1: 11
NAME (Type					37/7-3	87	In thee	Coll	ago	Cilik
	Gence Ja	Home			OF WATORY	1001 1001	TION (City A		1	7
23a. BURIAL, CREMAT REMOVAL (Speci	fy) 7 10 11 0	31	23c. NAME OF CEME			Prin	TION (City, town,	-	0. N	1d
Buria.	1 //9/60		1	111	Cemetery			0		
24. FUNERAL DIRECTO			ADDRESS	. D		C'D BY REGIS		ISTRAR'S SI	GNATURE	
The S H	. Hines Co	1	Washington	1,00	DATE	JUL 8	'60	Tellus .	8 Hins	. 4

VR A15 (4) 15M 9/59

(4) Tea: A. A. The department of the property of the contract of المام مد دوارد والمام Ca 1.2. 0 ___ 0..0 ___020. 26. ... 1.1/ Bedieved which BE-Cross 0 39 34 . 50 20 with an enter making the medical supposes a suppose the tide. Tide a. H. of the contract of MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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TO FÚNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the registrar priar to burial, crematian, ar removal, and in any event within 72 hours after death retained by the haspital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH

08275

		OBINITION .	TIE O. DESTIN		Reg. Dist. No.
1. PLACE OF DEATH			2. USUAL RESIDENCE (When	e deceosed lived. If institution	on: Residence before admission)
o. COUNTY	ince George	S MARYLAND	o. STATE Maryla	b. COUNTY	Prince Geo. Co.
b. CITY OR TOWN (If out	side corporate limits, write	c. LENGTH OF STAY IN 1b		side corporate limits, write RI	
Vest Hvatts		unknown	West Hyatts	ville	62
d. NAME OF HOSPITAL (I OR INSTITUTION	f nat in hospital, give street		d. STREET ADDRESS	THE PARTY	e. IS RESIDENCE ON A FARM?
630 Sherida	n Street		630 Sher	idan Street	YES NO NO
3. NAME OF DECEASED (Type or print)	First	Middle		OF DEATH July	Day Year 22 19 60
	COLOR OR RACE 7. MAR	Lee	Anderson B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
5. 564		RIED NEVER MARRIED	- 1 1	lost birthday)	Months Days Hours Min.
male	white WIDOW		8/9/1898	01 yrs.	
during most of working I	ife, even if retired)	KIND OF BUSINESS OR INDU			12. CITIZEN OF WHAT COUNTRY?
Policeman	Metropo	litan Police			U. S. A.
13. FATHER'S NAME		Dept	14. MOTHER'S MAIDEN NA	ME	
Thomas L.	Anderson		Vau	ghn	
Tes, no, or unknown) (If yes,		SOCIAL SECURITY NO.	NFORMANT	Addr	eW. Hyattsville
no (if yes,	give war or dates of service)	78-42-461211	ene Anderso	n-630 Sheri	
	Enter only one couse per l	1 1 1			
PART I, DEATH V			2 John T		ONSET AND DEATH
11123	MEDIATE CAUSE (o)	ujo carae at	any a occ		100.
40000	DUE TO	7/	A Done		111 44
Conditions, if any,		purary of	are much	all .	17 0/10
gove rise to imme cause (a), stating the					
lying couse last.	(c)				
PART II. OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIV	EN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?
3					YES NO
PART II. OTHER S 200. ACCIDENT WAS UN OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS CONTRI	AUSE OF DEATH	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	rt I or Part 11 of item 18.)	
Z 20c. TIME OF INJURY A	Aonth, Doy, Year 20d.	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	20f. (City or town)	(County) (State)
20c. TIME OF INJURY A Hour o. m. p. m.	While	Not while fo	ctory, street, office bldg., etc.)		(3-3-4)
₹ p. m.	at wo	rk ot work			
21. I certify that I	attended the decea	sed fram Yuly	20, 1960, to VA	My 2 V, 1920,	that I last saw the deceased
alive an_	Cy 22, 19	60, and that death	accurred at / / A. A	A, from the causes an	d an the date stated above
The contract of the contract o	11	11,	A	DDRESS (Street, city or town,	stote) DATE SIGNED
ACTUAL SIGNATURE	march V	1Ct-Cle	un 6480	n H. aue	1. 7/22/
SIGNATURE	7	17	M.D	0 1	
PHYSICIAN'S Thomas	as J. Kelly	r, M. D.	Taken	in fark	ond.
	22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY 2	2d. LOCATION (City, town, o	or county) (State)
Burial	7/25/60	Rock Creek	Cemetery	Washington.	D. C.
23. FUNERAL DIRECTOR'S SIG	SNATURE	ADDRESS		BY REGISTRAR 246. REGIS	STRAR'S SIGNATURE
The S. H. H	ines Co. Wa	ashington, D	. C . DATE JUL	25'60 a	Ilma S. France

TO HOS VS A1S (4) 1SM 9/SB

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	- 25	Livestaya Lask	mounic	BIJIVA	stant feet
	dwg-188 m			thest 2 mile	
35	And a	geaustra	1 004		
	1 48				
T. 13. 14.		guesomeil	antios nadi	lowwill a	rotion Lot
		ndsoav		daganatak	
		o-nie tebny eng			
2 / Z	H Cast				

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
SÉ CO	8371) CERTIFICATE OF DEATH Reg. Dist.	No. (18276
h: Page 4 Il director, filled with	1. PLACE OF DEATH O. COUNTY O. STATE O.	before admission)
be er	b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (Moutside corporate limits, write RURAL and give negrest town)	e negrest town)
by the fun	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Extand Memorial Hosp. Box 213-Rt. #1	e. IS RESIDENCE ON A FARM? YES NO
led in	3. NAME OF DECEASED (Type or print) OF DEATH OF DEATH	Doy Year 3 D 19 (a
a within a letely fillers. Pages		YEAR IF UNDER 24 HRS
od comple n popers. death.		EN OF WHAT COUNTE
e p da la	13. FATHER'S NAME STOULEY PICKOSII 14. MOTHER'S MAIDEN NAME PICKOSII PIC	all
deoth certificate the tending physician please remove convilhin 72 hour off	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address Address Address	2//
ottending ottending please r within 72	PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
that the by the o it. Then y event y	Conditions, if any, which)	
equires n. signed it permi	gove rise to immediate couse (a), stating the under-lying couse tost. (b) DUE TO Sullrad arlerus Sclerosis (c)	
physicia physicia as been ol-trans ovol, or	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO
ending ph ficate has ficate has or remov	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)	1
PHTSIC al or ath his certif use as emotion,	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. n. p. m. 20d. INJURY OCCURRED While Not while of work of w	inty) (Stote
hospite After the hospite thed for rial, are	21. I certify that I oftended the deceased from Mily 26 1960, to July 301960, that I las	st saw the deceas
ECTOR: be detoc	alive on 1960, ond thof deoth occurred of 30 M, from the couses and an the ACTUAL SIGNATURE M.D. Reversel, city or town, stote)	DATE SIGN
tained KAL DIRE should be stror prior	PHYSICIAN'S LWMALIN MD	J. 20.5129
FUNA Gge 3	220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 8-2-60 Christ Ch. Cem. Accoleek. Md	(Stote)
5-5	23. PUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNA	ATURE
VS A15 (4)	The HUNTE Funeral Home Waldorf Mad Date 150 24 84	

(1 5 15 1) A And Spin	M	TAEG RO STA		833.0	
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		Set Service St.		31,216,251	
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			and design		
8 6 M . X	n na nomán is j na tim S.S.A.	0 /VA	a transfer of the part of the		
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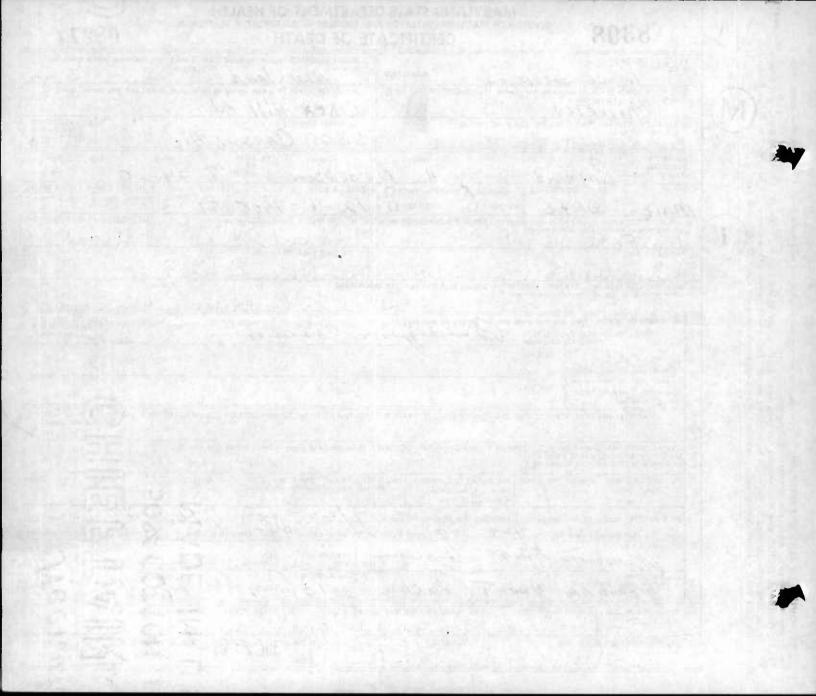
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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	1, 1	PLACE OF DEATH)	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	- '	O. COUNTY PRINCE GEORGES MARYLAND	o. STATE MARY land b. COUNTY Pringe Sharel
	1	b. CITY OR TOWN (If outside corporate limits write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
)		RURAL and give nearest town) Chever 18 y	OXEN Hill Rd. 111
/		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
7		Prince George's Gen. Hospital	6309 CARSON AVE YES NO DY
	3.	NAME OF First Middle	Lost 4. DATE Month Day Yeor
h		(Type or print) Kaymond H. B	PAIDERSON DEATH 7-24-60 19
П	S. 5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
	1	MALE WhITE WIDOWED DIVORCED	12-6-1908 51 yrs. 10013 mill.
1	10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1		Sea FOOX Clerk	Wash & C 19.18
/	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		thanks 1) Baldison	Sophiel & Walson
		WAS DECEASED EVER IN U. S. ARMED FÓRCES? s. no, or unknown) [(If yes, give wor or dotes of service)] [16. SOCIAL SECURITY NO. 17. I	NFORMANT Address
		J	helma Dolderson Hame as Ma
		1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE (o)	yours.
		16 od , 1 DUE TO	
		Conditions, if ony, which gove rise to immediate (b)	
		couse (o), stoting the under-	
	z	lying couse lost. (c) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
Λ	CERTIFICATION	Sold III O THE COLOT OF THE COL	PERFORMED? YES \(\) NO \(\)
	IFIC	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Port I or Port II of item 1B.)
	CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CAL		LACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
	MEDI	Hour o. m. While Not while of work of twork	octory, street, office bldg., etc.)
		21. I certify that (1) (this haspital) attended the deceased fram,	7/23 1960 7/24, 100 that (1) (we) last
			death occurred at 2 A.M., from the causes and an the date stated above.
		220. SIGNATURE	22b. DATE
		Mirmon Juny Junion	M.D. ATTENDING MED. STAFF A 7/2 SIGNED PHYS.
1		22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
		Nonman Jona 1 1MEAU	3513 0 kg st. MI VC mg
	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY (City, town, or county) (State)
	1	REMOVAL/Specify 7-21-1960 Congr	essenal Wash Il.
	24.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	1	John Mattingly Wast	DATE JUL 21 60 and S. Kraus



OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be used by the haspital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled At by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the Stote Board of Health prior to burial, cremation, or remaval, and in any event. This is the very after death. TO HOSP!

VR A1S (4) 1SM 9/59

4

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

08278

	837	78 DIVIS	tems	CERTIF		E OF DE		/60i	alk		0.8	327	8
1.	PLACE OF DEATH COUNTY Print	ce Georges		MARY		2. USUAL RESID a. STATE		ere deceased liv	ved. If institution b. COUNTY	on: Resider	ce befo	re admissi	øn)
G:	RURAL and give need Lenn Dale	(rural)		c. LENGTH OF STAY 5 months 28 days		c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) Washington					3		
	NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION enn Dale Hospital					d. STREET AI		01 Swan	n St.,	N.W.		ON A	FARM?
3.	NAME OF DECEASED (Type or print)	Fi	race	Middle		Beasle		4. DATE OF DEATH	Mon		5	'	Yeor 19 60
S. 5	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIE	D 30 B.	DATE OF BIRTH	1	9.	AGE (In years lost birthday)	IF UNDER		1	
1	lale	Negro	WIDOW	ED DIVORCE		9/15/1	5		yrs.	Manths	Days	Hours	Min.
100	. USUAL OCCUPATIO during most of worki Mechanic	N (Give kind af work ing life, even if retired	}	KIND OF BUSINESS O			ACE (State	or foreign coun	try)	12. CIT		WHATC	OUNTRY?
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
	Jesse Beas	slev				Marv	Toll	iver					
	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17, INF	ORMANT			Add	ress			- 149
	To	If yes, give war or dates of :	5	78-12-8656	-	Deceden	t						
	-	TH [Enter only one co		ne for (o), (b), and (c).			-				INT	ERVAL BE	TWEEN
	Conditions, if on gave rise to in cause (o), stating t lying couse lost.	he under-	Acu	tic insuff: te staphylealed)			erial	endoca	rditis				
NO	PART II. OTH			CONTRIBUTING TO DE	ATH BUT N	OT RELATED TO	THE TERMI	NAL DISEASE C	ONDITION GIV	EN IN PAR	RT 1(o) 1	9. WAS A	AUTOPSY RMED?
CAT		pyeloneph	ritis										NO 🗌
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED.	(Enter noture of	f injury in F	Port I or Port II	of item 1B.)				
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Month, Doy, Ye	ar 20d. I While of wo		20e. PLAC facto	CE OF INJURY () ory, street, affice	Home, farm bldg., etc.	20f. (City or	town)	(County)		(Stote
d	21. I certify that		l) often	ded the deceased		l.,	0	60 , to M, from th	7/5 e couses an				we) lost
	22a. SIGNATURE	Mire	lou	n	м	.D. ATTENDING	G ME	ED. RECTOR X	STAFF PHYS.		7	/5/60	b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	Moe Weis	ss, M	D.		22d. ADDRE	G.		le Hosp				
230	REMOVAL (Specify)	7/5	60	23c. NAME OF CEM	mori	CREMATORY al Harm		23d. LOCATIO	ington	or county)		(State	e)
24.	PUNERAL DIRECTOR'S	SIGNATURE B	was	913 Ho	rdio	die		D BY REGISTRA	R 2Sb. REGI	STRAR'S SI	GNATU		723
				1101					11-11-5				

AND THE RESERVE OF THE PARTY OF ANTE CONTRACTOR OF THE PROPERTY OF THE PROPERT gan di digitali de sel di segui materia de Selegia da di del Selegia Diberto de la 194 (in la celegia di distri the pilet on the and the second second

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08279

8379 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PL o.	ACE OF DEATH COUNTY Crime Glorals MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Frame Glorage
91	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
1	NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR INSTITUTION OF HOSPITAL (If not in hospital, give street address) OR A FARM? YES NOW
DI	AME OF ECEASED (Special Death Death Day Year Special DEATH D
5. SE	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 19 37 9. AGE (In years lost birth tax) WIDOWED DIVORCED 18 15 Months Days Hours Min.
100.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Advine Market Same Market Same
13. FA	Mr. James Becraft 14. MOTHER'S MAIDEN NAME Holden
	VAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or dates of service) Address May Bersall (Nule
	IB. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse (o), stoting the <u>under-lying couse lost.</u> [b] DUE TO Conditions of the under-lying couse lost.
TIFICATION	PART II. OTHER SHONIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
100	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State)
MEDIC	Hour o. jl. p. m. 19 October 1900 Not while of work of the description of the descript
	21. I certify that I attended the deceased from Sell-12, 1950, to Sell-21, 1964 that I last saw the deceased alive on Line 90, 1960, and that death occurred at 1967 PM, from the causes and an the date stated above. ACTUAL SIGNATURE M.D. 918 Elfowarth Drive, states and an incomplete signature.
	PHYSICIAN'S Philip E. Jones Silver Issing md 7/21/60
1	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) WILLIAM STORY UNERAL DIRECTOR'S, SIGNATURE ADDRESS A
1	e With Samuldean, Lacuel Md Date 111 26'60 Cirthus S. Knuss

CERTIFICATE OF DEATH		
AND THE REST OF THE PERSON OF		
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		And Company
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		PART TON
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OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death. Page 4 may be the base of the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any experimining 72 hours ofter death.

TO HOSP!

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

83	309		CERTIFIC	CATE	OF DEA	TH	9/1/2		1	1828	0
1. PLACE OF DEATH o. COUNTY Prin	ce George		MARYLA	0	SUAL RESIDENCE STATE Maryla			If institution COUNTY George		before adm	ission)
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OR INSTITUTION	PITAL (If not in hospitol, N George Gene				3841 34					ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)		irst	Middle		Biado	4. DA		July		Day 28	Yeor 1960
s. sex Female	6. COLOR OR RACE White	WIDOWE		□ Se	7	6,1930	fost	(In years bythdoy) yrs.	Months Da	-	
House	orking life, even if retired	done 10b. k	At Hon	ne	F	lorida	gn country)		12. CITIZEN	U.S.	A
13. FATHER'S NAME Geor 15. WAS DECEASED EV (Yes, no, or unknown)	TER IN U. S. ARMED FO	RCES? 16. S	OCIAL SECURITY NO.	17. INFORA	AANT	rudeno iado	384I	Gri 34th	ss Stre		
	g the <u>under-</u>	o) (Education (c), (b), and (c),]	ca	ates	the.	sh	he		INTERVAL ONSET AN	
ICATIO	THER SIGNIFICANT CO	NDITIONS CO	ONTRIBUTING TO DEATH	_			MI E		EN IN PART 1(o) 19. WA PER YES [FORMED?
	vas underlying [] ig [] cause of death fy medical examiner)	206. DESC	RIBE HOW INJURY OCC	URRED. (En	ter noture of inju	ry in Port I or	Port II of i	tem IB.)			
Y 20c. TIME OF INJU	. 10	20d, IN While of work	Not while		F INJURY (Home street, office bldg		City or tow	n)	(Cou	nty)	(Stote
	nat (I) (this haspita ased alive an	il) attende	ed the deceased fr		accurred at	10:304	o Jul om the c	y 28 auses and	d an the d	late state	(we) las
22c. PHYSICIAN'S NAME (Type)	Orre Benjam	in S.	Miller, M.		ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR 3824 3 Mt Ras	31st S	s. 🗆	der die der manne der 40 plenige		SIGNE
23a. BURIAL, CREMATI	10N, 23b. DATE THERE	of 60	23c. NAME OF CEMETE Arling				CATION (ity, town, o		(\$	tote)
24. FUNERAL DIRECTO	R'S SIGNATURE	Edn	ADDRESS CHILDRES	fall	- HIG DAT	REC'D BY RE	GISTRAR		TRAR'S SIGN.	0 0	

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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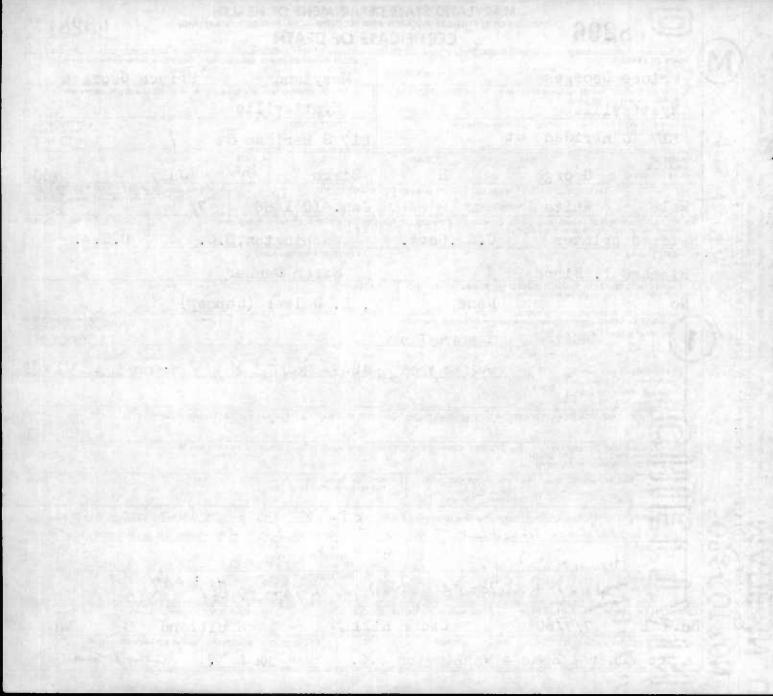
			Т	CERTIFICA	IE OF DEATE	-		
M) . !	PLACE OF DEATH COUNTY Prince G	eorges	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Maryland	b.	COUNTY	ce before admission)
1	ŀ		outside carporote limits, wi	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF Hyattsv		ts, write RURAL ond	give nearest town)
7			(If not in haspital give s		d. STREET ADDRESS 817 S heri	idan St	1	e. IS RESIDENCE ON A FARM? YES NO
NG.	(NAME OF DECEASED (Type or print)	George	Middle H	Birch	4. DATE OF DEATH	Month July	Day Year 5 1960
ope	s. s	Male	777- 4 1	MARRIED NEVER MARRIED DIVORCED DIVORCED	Jan. 10 18	890 9. AGE lost to 70 7	(In years pirthdoy) 2 yrs. IF UNDER Months	1 YEAR IF UNDER 24 HRS Days Haurs Min.
3	R	etired pr	(Give kind of wark dane g life, even if retired) inter	10b. KIND OF BUSINESS OR INDU	Washing	gton, D.C.		S.A.
H	J	Richard I			14. MOTHER'S MAIDEN Sarah I			
	(Yes		N U. S. ARMED FORCES? yes, give war or dates of service)		F. L. Walke	er (Nephe	Address W)	
1	The state of the s	PART I. DEATH	H [Enter only one couse p H WAS CAUSED BY: MMEDIATE CAUSE (o)	LNANITION				INTERVAL BETWEEN ONSET AND DEATH 3 MC MTH-S
		Conditions, if ony gove rise to imma cause (a), stoting the	which (b)	CARCINOMA	ARGE BOW	EL WITH I	METASTASE!	S 2 YEAR
0	CATION	PART II. OTHER	R SIGNIFICANT CONDITIC	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE COND	ITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFI	200. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY M	EDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of ite	em 18.)	
	MEDICAL	20c, TIME OF INJURY Hour a.m. p. m.	V		ACE OF INJURY (Home, for ctory, street, office bldg., et		n) (1	County) (State
				tended the deceased fram	2000			that (I) (we) lase date stated above
1	220. SIGNATURE HELLER R. WORR M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D 22c. PHYSICIAN'S							
	22-	NAME (Type)	ENRY K.	DOLFE M.	HYA	ttsville	RIDAY	3/.
8	Bı	REMOVAL (Specify)	7/7/60	23c. NAME OF CEMETERY O	111	Suit	land	(State) Md
Ba	24.	T. O. H'une		ADDRESS		D BY REGISTRAR	2Sb. REGISTRAR'S SI	4.4

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4, may be fined by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

CORONER METAL NOTER N

VR A1S (4) 15M 9/59



ARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. FOR STATE MEDICAL EXAMINER'S HEALTH DEPT PLACE OF DEATH _ 2. USUAL RESIDENCE (Where deceased lived, Il institution: Residence before admission) neral director. Page ned for your files. ite Board of Health, . COUNTY a. STATE 6. COUNTY is necessary, MARYLAND b. CITY OF TOWN (il outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN corporata limits, write RURAL e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? 0 retained YES NO State NAME OF Middla DATE Day Month Van. 3 to the DECEASED OF the age 5 may be re 1 and 2 with the 72 hours after of (Type or print) DEATH 19 60 B. DATE OF BIRTH Vaers | UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED thday) and Hours WIDOWED DIVORCED certificate should be executed within 24 hours after USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or Joreign 12. CITIZEN OF WHAT COUNTRY? Page 1 si during mest of working life, even if retired) Give Pages alva peges PM3. FATHER'S NAME File form WAS DECEASED EVER IN U. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yess no. or unkown) (If yes give war or detection vica) in Item 1 with INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause par line lor (e), (b), and (c). along ONSET AND DEATH DEATH WAS CAUSED BY IMMEDIATE CAUSE (e pencil Office burial-t DUE TO .5 "pending" gava rise to immadiata cause v 60 DUE TO (e), steting the underlying Examiner SO cause lest. nsed PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? 3 NO Medical pinous 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Port I or Part II of item 18.) PRIMARY TO OF CONTRIBUTING TO Y MEDICAL EXAMINER: CAUSE OF DEATH. writing to Chief / 3 20c. TIME OF INJURY Month, Day, Yaer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, ' 20f., (City or town) (County) (Steta) 906 factory, street, office bldg., etc.) 0 Whila Not While Hour a.m. at work the R. P. at work prior certificate, OR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection -Inquiry and in my opinion 0 execute the certifically be forwarded to NERAL DIRECTO death resulted from: Natural causes Suicide Homicide Undetermined manner Accident WHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED please execute 14 should be for TO FUNERAL I SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME (. ype) Addrass (Streat, city, town, or county) CREMATION. 22b. 22d. LOCATION (City, town, or country) (State) TO DE REMOVAL (Specify) 24b. REGISTRAR'S SIGNATURE 24e. REC'D BY REGISTRAR VS. A15ME DATE AUG 3 5M 7/59 '60 Cilling & How

1 - E to C2 CONTRACTOR OF THE PARTY OF THE NOT SUBJECT OF SUBSTITUTE OF S

FOR STATE HEALTH DEPT.

TO DE TY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any chap is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the familiar director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be refained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages, and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and In any event within 72 hours after death. VS. A15ME

5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND RECORDS CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where dacassed lived, If Institution: Residence before admission)
Prince George MARYLAND	Maryland Prince George
b. CITY OR TOWN (if outside corporeta limits, write RURAL and give naerast town)	c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town)
Cheverly, Maryland D.O.A.	Woodlawn Hyattsville, Maryland
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, giva straat addrass)	e, IS RESIDENCE
Prince George's Gen. Hospital	4703 - 68th. Ave. VES NO NO FARM?
3. NAME OF First Middle	Lasi 4. DATE Month Day Yaar
OECEASED (Typa or print) William Jefferson	Blalock DEATH July 6 1960
	. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	Oct. 15. 1919 40 yrs. Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Auto Mechanic	Newto demolars
13. FATHER'S NAME	North Carolina USA 14. MOTHER'S MAIDEN NAME
William T Plalack	Comple C Wester
William J. Blalock 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 17.	Sarah C. Fields NFORMANT Address
(Yas, no, or unkown) (Ifyesglvawarordalesofservica)	Wife
yes World War 2 577-10-6708 M	rs. Virginia L. Blalock Same as #2
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (0) LIEURE CON	gosine rear faine
DUE TO CONTRACTOR	
Conditions, if eny, which gever is to immediate causa	went renat orsease
(e), stating the undarlying DUE TO	
cause lest. (c)	TOTAL TEN TO THE TEN T
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
<u> </u>	YES NO X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	nler nature of injury in Pert I or Pert II of Item 18.)
3 20c. TIME OF INJURY Month, Dey, Yaer 20d. INJURY OCCURRED 20a. PLACE	CE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stete)
20c. TIME OF INJURY Month, Dey, Yaer Hour a.m. P.m. 19 20d. INJURY OCCURRED tack factor factor at work 19 20d. INJURY OCCURRED tack factor fac	ory, street, office bldg., etc.)
21. I certify that I took charge of the remains described above, hel	Id an Autopsy , Inspection , Inquiry , and in my opinion
death resulted from: Natural causes X, Accident T, Suici	
\wedge	CHIEF MEDICAL EXAMINER
ACTUAL OFFICE OF THE STATE OF T	ASSISTANT MEDICAL EXAMINER 7-7-1960 DATE SIGNED
SIGNATURE . V V	DEPUTY MEDICAL EXAMINER 2 2202 Cheverly Ave.
NAME (Type) John T. Maloney	Addrass (Sireel, city, town, or county) Cheverly, Md.
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c: NAME OF CEMETERY OR	
Burial 7-11-1960 arington Ma	thones (em Orlington, Virginia
23. FUNERAL DIRECTOR	240. REC'D BY REGISTRARY 24b. REGISTRAR'S SIGNATURE
W.W. Chamber Go Riverdall J.	DATE JUL 12'60 arthur & three

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John T. Maloney

2200 Cherealy Ave.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

8312 CERTIFICATE OF DEATH

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	001	14				Reg	, Dist. No.	
1. PLACE OF DEATH							sidence before a	dmission)
	Canna Carr	ale and	MARYLAND	- m	2 - 0	-		
b. CITY OR TOWN (I	If outside corporate limit	s, Write c.	LENGTH OF STAY IN 16					town)
KURAL ond give no	eorest town)			Umot to	erd 11 a			
d NAME OF HOSPI	TAL (If not in hospital a	ve street add	5 Bays	The same of the sa	ATTTE		10.10	S PESIDENCE
OR INSTITUTION	inte (il ilot ili ilospiio), g		-		athem Pood			ON A FARM?
	eorge Gener	al Hos	pital	1 2404 OII	a cham noac	DITION GIVEN IN PART 1(o) (County) (County) (County) (State) Label George Inits, write RURAL and give nearest town) (E. IIS RESIDENCE ON A FARM? YES NO Month Day Yeor J 19 60 E. (In years IF UNDER 1 YEAR IF UNDER 24 HRS INTERVAL BET UNDER 24 HRS INTERVAL BETWEEN ONSET AND DEATH ONSET AND		
3. NAME OF DECEASED	Firs	1	Middle	Last	4. DATE			
(Tuma as maint)	Delia		T.	Breece	DEATH	July	31	1960
5. SEX	6. COLOR OR RACE	7. MARRIED	☐ NEVER MARRIED ☐	B. DATE OF BIRTH	9. AG			
Female	White			6-10-93			ths Days Ho	ours Min.
							CITIZEN OF WH	AT COUNTRY
during most of worl	king life, even if retired)							
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J. FAIRER S NAME	4 ,			14. MOTHER'S MAIDEN	NAME	0		
KOBE	RT M	ORGA	M			COPE		
5. WAS DECEASED EVE	R IN U. S. ARMED FOR	ES? 16. SOC	TAL SECURITY NO.	INFORMANT STEE	BRING	Address	HATHAN	1 RD
NO	for hear dista with ou project of se		ONE	Ad.	NUCHTER			
18 CAUSE OF DEA	ATH [Enter only one con	ise per line fo	or (a) (b) and (c)] -		100-111	111111111111		
	TH WAS CAUSED BY:	-	0	2	0		ONSET	AND DEATH
1115	IMMEDIATE CAUSE (o)	1 a	247 00	1 onch	Justell	MARIE	6	D272
7300	DUE TO	1)	0) 1	1 1				
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lying couse lost.	(c)	In	serio:	SCHO	NI	rale		2.63
PART II. OTH	ER SIGNIFICANT CON	DITIONS CON	TRIBUTING TO DEATH BL	T NOT RELATED TO THE TER	MINAL DISEASE CON	DITION GIVEN IN	PART 1(o) 19. V	VAS AUTOPS
- T	ankin.	8	112.					
20g. ACCIDENT WA	AS UNDERLYING [7]			ED. (Enter nature of injury in	n Part I ar Port II af i	tem 19.)		
OR CONTRIBUTING	CALISE OF DEATH						V	
		- 001 11111	ny occupanto los -	ACE OF INITION III	1000 1000		h .	10:
	1 11 11 11 11 11 11 11 11 11 11 11 11 1			octory, street, office bldg., e	rm, 120t, (City or towatc.)	(n) %	(County)	(Stote
p. m.	19					1		
21. I certify th	at I attended the	deceased	from 1954	. 19 . ta	7/3/160	19 that	I last saw th	ne decens
	7/30/6-	10			. , , -			
dilve dil		_, 12	, and mai dear	ii occorred di Z\$201			me date sto	
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SIGNATURE	orden	0 19	elly	M.D. 6/21-1	11 400	1 N 92	177 0	Day Yes NO STAND BETWEEN ONSET AND DEATH ONSET
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NAME (Type)	Dr. Gordo	II Very	y 5 110D 0					
P. PLACE OF PEATH C. CENTHO THE COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) C. CENTHO THE RESIDENCE CONTROL C. CENTHO THE RESIDENCE CONTROL C. CENTHO THE RESIDENCE CONTROL C. CENTHO OF STAY IN 1D C. CENTHO THE RESIDENCE CONTROL C. CENTHO OF STAY IN 1D C. CENTHO OF STAY IN 1D								
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3 FUNERAL DIRECTOR		7	ADDRESS PUERT	-1-111	C'D BY REGISTRAR	24b. REGISTRAN	SSIGNATURE	
CHAMBERS.	EUNERAL HON	IE, HEL	Rosedale	M.J. DATE	AUG 4 '60	ant	hun S. That	A.S.
WW Ch	ampleto	C50,	/foredate/	UAIL				

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by the funeral director, and 2 shauld be filed with may be fained by the haspital or attending physician. 5 FUNDAL DIRECTOR: After this certificate has been signed by the attending physician and completely (illeg page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death.

TO HOSPICAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8381

CERTIFICATE OF DEATH

Reg. Dist. No. 286

o. COUNTY	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE D. COUNTY	
b. CITY OR TOWN (If outside carporale limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lown)	
	WASH. D.C. TIX	-
d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	ON A FARM	
CARROLL MANGE	2520-1014. StINE YES NO	
D. COUNTY D. CIVIN D. TOWN (In outside corporate limit, write RURAL and give market form) D. CIVIN D. TOWN (In outside corporate limit, write RURAL and give market form) D. CIVIN D. TOWN (In outside corporate limit, write RURAL and give market form) D. C. CIVIN D. TOWN (In outside corporate limit, write RURAL and give market form) D. C. CIVIN D. TOWN (In outside corporate limit, write RURAL and give market form) D. C. CIVIN D. TOWN (In outside corporate limit, write RURAL and give market form) D. C. CIVIN D. TOWN (In outside corporate limit, write RURAL and give market form) D. C. CIVIN D. TOWN (In outside corporate limit, write RURAL and give market form) D. C. CIVIN D. TOWN (In outside corporate limit, write RURAL and give market form) D. C. CIVIN D. TOWN (In outside corporate limit, write RURAL and give market form) D. C. CIVIN D. TOWN (In outside corporate limit, write RURAL and give market form) D. C. CIVIN D. TOWN (In outside corporate limit, write RURAL and give market form) D. C. CIVIN D. TOWN (In outside corporate limit, write RURAL and give market form) D. C. CIVIN D. TOWN (In outside corporate limit, write RURAL and give market form) D. C. CIVIN D. TOWN (In outside corporate limit, write RURAL and give market form) D. C. CIVIN D. TOWN (In outside corporate limit, write RURAL and give market form) D. C. CIVIN D. TOWN (In outside corporate limit, write RURAL and give market form) D. C. CIVIN D. TOWN (In outside corporate limit, write RURAL and give market form) D. C. CIVIN D. C. CIVIN D. C. C. CIVIN D. C. C. C. CIVIN D. C.		
148/6	B. DATE OF BIRTH 9. AGE (In years I FUNDER 1 YEAR IF UNDER 24 H	
7.	lost birthdoy) Months Days Hours Min	
10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUS		ITRY?
	LEONARDTOWN MD U.S.A.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	7
GEORGE R. DREWER	JULIA WATHEN	
No - NONE M	ALFARET DORSEY-2520-1014. St., N.E	
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Wxuchucker annount Coll	PERFORMED?	?
20g. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRE		<u> </u>
OF CONTRIBUTING DI CAUSE OF DEATH		
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or lown) (County) (Str.	ote)
Hour o. m. Not while Not while of work of work	tary, street, office bidg., etc.)	
21. I certify that I attended the deceased from now.	19 60 to ally 19/10 that I last saw the dece	arec.
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1 1 16/12		
	MD4323 Wevered St. Selver Slewer My	0
PHYSICIANIS		
NAME (Type)		
REMOVAL (Specify)	(Society	
BURIAL 1/27/1960 Mt. WW	The state of the s	
23. FUNERAL DIRECTOR'S SIGNATURE JAMES T. RYAN INC. SURJANS 317 P.	A. AVE SE 240. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE	
WASH	4. 8. D. C. DATE 118 26'60 arting & Kroun	

TO FUN VS A15 (4) 15M 9/SS

1000	CERTIFICATE OF DEATH	
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SOUTH ON SELECTION	4 6 P. P. P. C. V.	
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DOTAL SET OF		
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

08287

1. PLACE OF DEATH 0. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Prince Georges REN MARYLAND	Maryland b. COUNTY ince George
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Cheverly 3 days	Mt.Rainier
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Prince George General Hospital	4127 34th St. YES NO
8. NAME OF DECEASED (Type or print) Ernest C	Browne C. 4. DATE Month Day Yeor DEATH July 17 19 66
. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HI
Male White WIDOWED DIVORCED	17 Dec 1885 7), yrs. Months Days Hours Min
Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	I Deca 1005
during most of working life, even if retired)	
Retired Goyt Bureau of Cer 3. FATHER'S NAME	nsus West Virginia USA
Edward S Browne	Victoria Bean
Yes, no, or unknown) (If yes, give war or dates of service)	NFORMANT Address
no Ar	nna Mae Browne Mt Rainier, Md.
Conditions, if ony, which gove rise to immediate couse (o), storing the under-lying cause lost. (b) Hyplaten (m) DUE TO (c)	acteur olling action were
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES \(\sum \no \([\]
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I ar Port II af item 1B.)
	CACE OF INJURY (Home, form, letter), 20f. (City or town) (County) (Stot letter), street, office bldg., etc.)
21. I certify that (I) (this haspital) attended the deceased fram.	7-14 160, to 7-17, 160, that (1) (we) to
	death accurred a sale of the causes and an the date stated above
22a. IGNATURE	22b, DATE
the sollendage	M.D. ATTENDING MED. STAFF PHYS. 7-17-60
22c. PHTSTEMAN'S	22d. ADDRESS
NAME (Type) Dr. George Hageage., M.D.	370-28H Ave (8/20 01)
	1011 10 10 10 10 10 10 10 10 10 10 10 10
23c. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	
Burial Burial July 19, 1900 Cedar Hill	
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25d. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
F. Gasch's Sons Hyattsville Md.	DATE JUL 19'60 Cirllar S. Kraus

may evalued by the hospitol or attending physician.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician ond campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremotion, or remavol, and in any event, within 72 haurs after death. VR A15 (4) 15M 9/59

22AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

08288

1	PLACE OF DEATH o. COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) District of Columbia COUNTY
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 11	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	RUR (Rural) Glenn Dale 19 mos.	Washington 47X 3
6	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. Street address e. Is residence on a farm?
	ORINSTITUTION Glenn Dale Hospital	Methodist Home 4901 Conn. Ave. N. W. YES NO
3	R. NAME OF First Middle DECEASED (Type or print) RENA	BRYANT 4. DATE Month Day Year DEATH July 9 1960
9	Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED D	B. DATE OF BIRTH April 19, 1877 9. AGE (In yeors last birthdoy) 83 yrs. FUNDER 1 YEAR FUNDER 24 H
1	0a. USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR IN during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
	during most of working life, even it retired) None housewife -	Richmond , Virginia U.S.A.
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
L	G,W.Batkins	Serena Ann Acree
1	(Yes, no_or unknown) (If yes, give war or dates of service)	, INFORMANT Address
	No unk	Person
1	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
ı	PART I. DEATH WAS CAUSED BY: Pulmonary Tubero	culosis, Far Advanced, Active 13 yrs.
ı	DUE TO	
	Conditions, if any, which gove rise to immediate (b)	
l	couse (o), stoting the under-	
L	lying couse lost. (c)	NUT A DOT DELL'ATER YOU THE TERMINAL PRESENT COMPETENCIAL PROPERTY AND A MITCHEST AND A MITCHAEL PROPERTY AND A MITCHAEL PROPE
0	Bronchopheumonia, bilateral; Cor Pul	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPED TO THE TERMINAL DISEASE CONDITION GIVEN DISEASE CONDITION GIVEN GIVE
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH IN BRONCHOPHEUMONIA, DILATERAL; COT PUT Coronary insufficiency 206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCUP OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES X NO [
1	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
1	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Sto
1	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Haur o. m. While Not while of work at work at work	foctory, street, office bldg., etc.)
	7	n. Dec. 3. 1958 . to July 9 1960 , that NO (we) lo
		t death accurred, of the DAM, from the causes and an the date stated above
1	22g. SIGNATURE	(1:00 AM) 22b. DATE
	Wol Wan	M.D. ATTENDING MED. STAFF PHYS. July 9, 196
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
	Moe Weiss, M.D.	Kote Glenn Dale Hospital, Glenn Dale, Md
2	REMOVAL (PREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER)	
	7-9-60	Washington, D. C.
2	4. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 290	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	The D. N. Hunes Co. n. W. Was	hinglose DATE DATE Cithur S. thous

may Nature 1 by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremotion, ar remayal, and in any event, within 72 haurs after death. ZAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 TO HOSE

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A START TO DESIGN THE AREA OF THE RAW the second of th . or of hugh street Co-307 A THE SERVICE OF THE 12 Page 102 (15) The state of the continue of the control of the con The second of the first the second of the se

AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLANT FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) delay is necessary, leral director. Page led for your files. Prince George e. STATE Maryland Prince MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL end give naarast town) Oxen Hill Cheverly
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? be retained to the State B Livingston Road General Hospital Prince George YES NO T death 3. NAME OF Middle DATE Month Day Year DECEASED ould be executed within 24 hours after death. If a "in pencil in Item 18. Give Pages 1, 2, and 3 to the Office along with form PM3. Page 5 may be reliburial-transit permit. Fite pages 1 and 2 with the 5 moval, and in any event within 72 hours after de (Type or print) William DEATH BUTTER 19 July 60 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. Months Colored Male 1883 Oct 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratirad Carpenter U.S.A. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Albert Butler Alice Sweetney 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unkown) | (If yas give war or datas of service) James Butler (Bro) 38 0 st MW. Wash. DC 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Toxemia and exhaustion IMMEDIATE CAUSE (a) DUE TO removal, Third degree burns of the body and extremeties Conditions, if any, which (b) "pending" gave rise to Immadiata causa ease execute the certificate, writing the word "pending' should be forwarded to the Chief Medical Examiner's **FUNERAL DIRECTOR**: Page 3 should be used as a its designated agent, prior to burial, cremation, or rer DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO T 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | Occupant of a house that burned CAUSE OF DEATH. Month, Day Year 2Dd. II 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) Not Whila factory, street, office bldg., atc.) HIVINGSTON at work at work HOME 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. and in my opinion Accident X death resulted from: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE July 2. 1960 DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) James I. Boyd Address (Street, city, town, or county) 22a, BURIAL, CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stata) REMOVAL (Specify) St. Ignatius Catholic Z40 5 Burial July-7-1960 Oxen Hill. 23. FUNERAL DIRECTOR 240. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE VS. A15ME 3015 12th St.. John T. Rhines & Company arily & Krous 5M 7/59

CAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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1. PLACE OF DEA	тн			USUAL RESIDENCE (V			Residence before admission)
5. COOI111	Prince Geor	MARYL	AND		vland	. COUNTY	Prince Georges
b. CITY OR TO RURAL and	WN (If autside corporate limits, give nearest tawn)		N 16:		1	nits, write RURA	L and give nearest town)
	Cheverly	4 da.		Brentw	ood Mar	yland	
d. NAME OF F	OSPITAL (If not in hospital, give	street address)	1	d. STREET ADDRESS	011		e. IS RESIDENCE ON A FARM? YES NO D
2 NAME OF	Prince Ge	orges General		40001 3	oth St.		
3. NAME OF DECEASED (Type or print)	Tmome	Middle	Cell	Last	4. DATE OF DEATH	Month .T11 Tv	Doy Year 1960
S. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED		ATE OF BIRTH	9. AG	E (In years IE)	UNDER I YEAR IF UNDER 24 HRS
Female		IDOWED DIVORCED		3-2-86	los	birthday) M.	anths Doys Hours Min.
100. USUAL OCCU	JPATION (Give kind of work don of working life, even if retired)	e 10b. KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Sto	te or fareign country)		12. CITIZEN OF WHAT COUNTRY
	ousewife	own home		Washin	gton D. C		USA
13. FATHER'S NAA	AE		14	MOTHER'S MAIDEN	NAME		
	George Hammer		E	mma Saur			
	DEVER IN U. S. ARMED FORCES		17. INFOR			Address	- Rec 1
(Yes, no, or unknown)	(If yes, give war or dates of service	none	Hos	spital Re	cords C	heverly	, Md.
1B. CAUSE C	F DEATH [Enter anly one cause						INTERVAL BETWEEN
PART	I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	OVER WHEL	min	9 TOXE	MIA		ONSET AND DEATH
181	DUE TO		~				
Condition	16 and 18 and	INTESTINI	24 6	between	STIAM		- FLAVE
	to immediate (b)	Turcolling	,	231723	24/10/2		40173
couse (a), st lying couse	oting the under-	ICARCERA	red	Abdom	INALA	enNI.	A 5days
Z PART I	I. OTHER SIGNIFICANT CONDIT						IN PART 1(a) 19. WAS AUTOPSY
PART I							PERFORMED?
OR CONTRIBI	NT WAS UNDERLYING 201 UTING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OC	CURRED. (Er	nter nature of injury i	n Part I or Part II of	item 18.)	
Z 20c. TIME OF	INJURY Manth, Day, Year	20d. INJURY OCCURRED	20e. PLACE (OF INJURY (Home, fa	rm, 20f. (City or to	vn)	(County) (State
Hour Hour	o. m.	While Not while		street, office bldg., e			(20011))
₹	p. m,	at work at work					
21. I certify	y that (1) (this haspital) o	attended the deceased f	ram.	we	959 to Ju	by 3	. 1960 that (1) (we) las
saw the de	eceased alive on	43 1940 and	that death	h accurred at 5	: A Storam the	duses and a	on the date stated above
220. SIGNATI		- 1/1/	mor dean	0.001100		added dild c	22b. DATE
11	Momen V.	men am	M.D.	ATTENDING PHYS.	MED. STA	rs.	SIGNE
22c. PHYSICIA NAME (T			1915	22d. ADDRESS			
	Dr. N. Come						inier, Maryland
230. BURIAL, CREA REMOVAL (SI		23c. NAME OF CEME			Washing		
	CTOR'S SIGNATURE	1960 Mt Olive	t Cem		C'D BY REGISTRAR	2Sh REGISTRA	AR'S SIGNATURE
	sch's Sons Hya				JUL 7 '60		mes S. Thomas
· ua	Son a wons nya	TUDVILLE, PIG.	•	DAIL	T. T. T.		

remove carbon papers. Pages 1 and 2 should be filed with remy thin 72 hours after death. moy: Noined by the hospital or attending physician. Then please page 3 should be detached for use as the burial-transit permit. Then pleas the State Board of Health prior to burial, cremation, or remayal, and in any

AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) lay is necessary, all director. Page for your files. e. COUNTY e. STATE b.XXXXXX Prince George's MARYLAND b. CITY OR TOWN (if outside corporete limits, OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) Cheverly Washington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)

Prince George's General Hospital d. STREET ADDRESS 1617 H Street. S. State NAME OF 4. DATE er death. If an DECEASED Donald Robert Cameron the (Type or print) DEATH tould be executed within 24 hours after death. If win pencil in Item 18. Give Pages 1, 2, and 3 to 11 Office along with form PM3. Page 5 may be reburial-transit permit. File pages 1 and 2 with the moval, and in any event within 72 hours after 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | 56 vrs Male Months WIDOWED [DIVORCED June USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) Briok of Voliver even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Flossie Lints William J. Cameron Addres 220 Abbotts Rand 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no unkown) | (If yes give wer or detes of service Carl J. Reisinger Schenectady, N. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),] Coronary Thrombosis PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Cardiovascular Renal Disease DUE TO removal Conditions, if eny, which (b) asse execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's CPUNERAL DIRECTOR: Page 3 should be used as a bits designated agent, prior to burial, cremation, or remy geve rise to immediate ceuse DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19, WAS AUTORSY CERTIFICATION 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm. 20c. TIME OF INJURY Month, Day, Year 20f. (City or lown) fectory, street, office bldg., etc. While Not While Hour a.m. et work et work p.m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S Boyd. M. D. James I. NAME (Ape) pluods Address (Street, city, town, or county) 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Frankfort, Burial Q40 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME arthur S. Kraus 5M 7/59 DATE

. IS RESIDENCE ON A FARM

NO

60

Min.

YES T

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO

> > (State)

and in my opinion

DATE SIGNED

uly 16,196

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

19

IF UNDER 24 HRS.

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(County)

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111-65-collaines. Corl J. Helsinger

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James I. Boyd, M.D.

June 1 1/19/60 - 11 - 1 - 1 - 1

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

08292 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY. Prince Georges MARYLAND PrinceGeorges Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 8 days Mt. Rainier Cheverly d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES NO 3509 Prince Georges General Hospital NAME OF DECEASED 4. DATE Lost Month Year (Type or print) Leolie DEATH 23 July 1960 19 Casto 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Months Doys DIVORCED WIDOWED F Unknown Female White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Housewife in own home Ohio 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unkmown Casto IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Zelma Miller None Same as above No 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN 2 WELL PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO M 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while ot work ot work 1960, that (1) (we) lost 21. I certify that (1) (this hospital) attended the deceased from._ and that death occurred ot 2. 10P from the couses and on the date stated above. sow the deceased olive or 22o, SIGNATURE SIGNED ATTENDING MED. STAFF M.D 22c. PHYSICIAN'S 22d. ADDRESS 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23a. BURIAL, CREMATION, (Stote) Siniaville Cometery Statts Mill 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR arthur & House

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FOR STATE TO DICTAIN MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any elely is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Page 1, 2, and 3 to the fusivarial director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. againman be retained for your filler. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Mailth, or its designated agent, prior to burial, cremation, or removel, and in any event within 72 boars after death. VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	8318 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08293
	1. PLACE OF DEATH a. COONTY b. COUNTY b. COUNTY b. COUNTY b. COUNTY
	Trincl Georges MARYLAND mayland pringles
	b. CITY OR TOWN (if outside carporate limits, or c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give near town)
	Cheverly Redonand & Hellerest Heights
9	NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM?
-	3. NAME OF Thirst And Middle Last 4. DATE Month Day Year
	(Type or print) Julia Columbia Ublah Challe DEATH Jely 24 1960
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 1880 9. AGE In years UNDER 1 YEAR IF UNDER 24 HRS. Inst birthday) Months Days Hours Min.
	Terrele Wilowed Divorced California 30, 154 79 yrs.
	10a. USUAL OCCUPATION (Give kind of work done during life, ever if reflect) 10b. KIND OF BUSINESS OR INDUSTRY 11. (RTHPLACE (State or foreign country)) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME
	To be Barbour neses fore
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
	(Yes, nonor unkown) (Ifyesgiva war or dates of service) none Helen Heth. some as #2
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ocute Congestive heart faclure
	442 X DUE TO PO TO DO TO
Н	Conditions, it any, which gave rise to immediate cause (b) Conditions culture Tenal Olis lase
4	(a), stating the underlying DUE TO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION C
	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year Hour e.m. While Not While at work at work at work
	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
	CHIEF MEDICAL EXAMINER
	ACTUAL ACSISTANT MEDICAL EVAMINED TO DETE SIGNED
	SIGNATURE SIGNATURE DEPUTY MEDICAL EXAMINER OF 19 GX
	NAME (Type) A Mes (Street, city, town, or county)
	228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETRY OR CREMATORY 22d. LOCATION (City, town, or country) (Stata)
	Berief 1-27-60 Wm. Mary Episcopel Onethy Wayinde Charles MC.
	7 /661- Beach Helpe Pel St. action S. Thatla
Į	SIMMONS BROS. WASh 20 DATEUL 26'60

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8	310	CERTIFIC	AIE OF D	EATH				(1040)	2
1. PLACE OF DEATH o. COUNTY	nce Georges	MARYLAN	O STATE	Maryland			n: Residence		ion)
b. CITY OR TOWN (I RURAL and give no	f outside corporate limits,	rite c. LENGTH OF STAY IN 6 days	1b c. CITY OR	TOWN (If outside	corporate lim				n)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give		d. STREET A	DDRESS		7e.			SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First Mo pri s	Middle	Chane		DATE OF DEATH 10	July	1960	/	Yeor
5. SEX Male	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED			9. AGE lost 69	E (In years birthdoy) yrs.		YEAR IF UND	ER 24 HR
10a. USUAL OCCUPATIO during most of work Retire	ting life, even if retired)	106. KIND OF BUSINESS OR IF		ACE (Stote or for ryland	reign country)		12.CITIZE	U S A	
13. FATHER'S NAME Samu	el Chaney			MAIDEN NAME		gton			
	R IN U. S. ARMED FORCE: (If yes, give war or dates of service		Louise C	haney	sam	Addr e as	no 2.		
Conditions, if a gove rise to i couse (a), stating lying couse last. PART II. OTH	the under- (c)	IONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO) THE TERMINAL I	DISEASE CONI	DITION GIV	EN IN PART	PERFC	AUTOPS) DRMED?
(IF EITHER, NOTIFY	S UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter noture o	of injury in Port I	or Part II of i	tem 1B.)	- 6	123	110 [
Y 20c. TIME OF INJUR Haur o. m. p. m.		20d. INJURY OCCURRED 20d. While Nat while at wark of work	e. PLACE OF INJURY (foctory, street, offic	Home, farm, 20 e bldg., etc.))f. (City or tow	n)	(Co	ounty)	(Stote
21. I certify that saw the decease	17	ittended the deceased from 19 (20), and the	at death accurre	196 et at 5 35.	All the c	<i>- 10</i> auses an		Z, that (I) (
220. SIGNATURE	ald ofte	ing	M.D. ATTENDIN	G MED.	STA	FF	16.2		SIGNE
22c. PHYSICIAN'S NAME (Type)	RONALD	S. FLE ISCH	1 ER 1432	WVEE,	ys CA	18P	EL P	of 18413	TISV
REMOVAL (Specify) Burial	oury 13,		ny or crematory	ry C		Manor	, Md.	(Sto	ie) /
24. FUNERAL DIRECTOR		ADDRESS Hyattsville, M	ld.	25a. REC'D BY	4 5 100		Eritua S.	1 -	

TO HOSPICAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be used by the haspital ar ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled fin by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filled with the State Board at Health priar to burial, cremotion, ar removal, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08296 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 8320 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY burial b. CITY OR TOWN IIf outside corporate limits, write the c. LEGGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS YES NO 3. NAME OF Middle DATE Month Year DECEASED (Type or print) DEATH 19 65 5. SEX OR OR RACE 9. AGE (yours 7. MARRIED 8. DATE OF BIRTH IFUNDER TYEAR IF UNDER 24 HRS. 2 with th Months Days Hours Min. WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? during most of working life, /even if retired) 13. BATHER'S NAME may 14 MOTHER'S MAIDEN NAME Pages 50 VAS DECEASED VER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT If yes, give wor or dates of service) Give 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying **DUE TO** cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES | NO T 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) PRIMARY TO CONTRIBUTING CAUSE OF DEATH. should 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) C (County) (Stote) factory, street, office bldg., etc.) Not while 3 at work at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry And find that to the Chief / death resulted from: Natural causes , Accident Suicide Homicide Undetermined cause ACTUAL DATE SIGNED forward to the FUNERAL DIRE CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER remaya EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER 22a. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMÉTERY OR CREMATORY 22d. LOCATION (City, town or coughy) 0 (Stole) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S, STGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE VS. A15ME(5) 18'60 arthur S. Tirales DATEJUL 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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PLACE OF DEATH O. COUNTY		2. USUAL RESIDENCE (If institution: Resider COUNTY	nce before admis	ssion)
Prince Georges	MARYLAND	Maryland		970 0	e George	25
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16			nits, write RURAL ond	give nearest tow	/n)
d. NAME OF HOSPITAL (If not in hospital, give street of	l day	Mt. Rair	nier		a IC DE	SIDENCE
OR INSTITUTION	loui ess)				ON	A FARM?
Prince Georges Gener	al Mospital	3820	31 St		YES L] NO []
3. NAME OF First DECEASED	Middle	Last	4. DATE OF	Month	Day	Yeor
(Type or print) Emma	U	Dalton	DEATH	July	3	19 60
S. SEX 6. COLOR OR RACE 7. MARRI	IED NEVER MARRIED	B. DATE OF BIRTH	9. AG	E (In years IF UNDER	R I YEAR IF UND	1
Female White WIDOWE		3 Sept. 18	383	birthdoy) Months	Doys Hours	Min.
0a. USUAL OCCUPATION (Give kind of work done 708.	KIND OF BUSINESS OR THIDL				TIZEN OF WHAT	COUNTRY
during most of working life, even if refired)	To 30 + 7	1 Muso	mc 91	1	1 9	
3. FATHER'S NAME	La pista, Va	i warmen warmen	17/	a. a	(())	
TOTAL STANKE	1	14. MOTHER'S MAIDEN	R 1	. N.O	1	
sous upde	Re	mary	, sell	11the		
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 19 (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17.1	NFORMANT	0	Add 800	-33rd1	Pla
no 5'	17-12-23747	nrs. E. R.	Beanus	- sh 24	untta	-170
1B. CAUSE OF DEATH [Enter only one couse per lip	e for (o), (b), and (c),]		1		INTERVAL B	ETWEEN
PART I. DEATH WAS CAUSED BY:		a. 0 +	P		ONSET AN	D DEATH
IMMEDIATE CAUSE (o)	enero UN	cucar 1	monno	us		
DUE TO	1 0.	001	. 0	^		
Conditions, if ony, which) (b)	Leveraly	ed une	issells	oses		
gove rise to immediate couse (a), stating the under-						
lying couse lost. (c)						
	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE CON	DITION GIVEN IN PAI	RT 1(o) 19. WAS	AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS C					PERF	ORMED?
	CRIBE HOW INJURY OCCURRE	D /Fater noture of initial	in Port I or Port II of	item IR \	163	1 40 [
OR CONTRIBUTING CAUSE OF DEATH	KIDE HOVY HAJUKT OCCURRE	(caler noture of injury	m ron ron nor	non ron		
(IF EITHER, NOTIFY MEDICAL EXAMINER)						
	6.	ACE OF INJURY (Home, forctory, street, office bldg.,	orm, 20f. (City or tow	vn)	(County)	(Stote
Hour o.m. While of work	IAOI AUII6	, siree, office blog.,				
	-14-11	T.1.1 2.	10 GO . O.	10,12,0	604	
21. I certify that (I) (this hospital) altend		4	19.60, ta		60 that (1)	
sow the deceased alive on	, ond that	death ocal rred of	ALL Trom the d	causes and an th		
220. SIGNATURE	U JHH	ATTENDING _	week and	, ce	2	2b. DATE SIGNEI
- William 7	asson Att	M.D. PHYS.	DIRECTOR PH	rs. 🗆	a.	1/2
22c. PHYSICIAN'S NAME (Type)	WO	22d. ADDRESS	5304 AI	XNAPO4.	5 KD	
NAME (Type) r.W. Rosson M	J.	156	ADENSR!	ORG MA	MARYLA	21/2
3a. BURIAL, CREMATION, 23b. DATE THEREOF	2350 NAME OF CEMETERY	OR CREMATORY	23d LOCATION (City, town, or county)	100	ata)
REMOVAL (Specify)	Tan 1 CEMBER 1	0	C-D	2 D . 200	(Sto	21
min //8/00	- Tour Alex	a con	Joine	ov mon	200,1	M
4 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 3200	250. RE	EC'D BY REGISTRAR	25b. REGISTRAR'S SI		
(allays) Juneeal Home	Mt. Karne	nex DATE	JUL 7 '60	Chilhun	S. Frank	
Laceys Vuncial Home	MICALME	DATE DATE	70r 1			

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TO HOSPIZAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be fined by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death. VR A1S (4) 15M 9/59

CERTIFICATE OF DEATH	}
1. PLACE OF DEATH o. COUNTY D. C) '9E
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION OR INSTITUTION	ARM?
3. NAME OF DECEASED (Type or print) BEN HARRISON Daly 4. DATE Month Day 100 DEATH JULY 30 19	or 6 0
S. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeors lost birthdoy) Output Months Days Hours Yrs.	24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	JNTRY?
15. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes, give wor or dates of service) Wolf Wolf Wospital Record	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under: lying couse lost. DUE TO Conditions of the under: Couse (o), stating the under: Couse (o), s	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTHORIZED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTHORIZED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTHORIZED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTHORIZED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTHORIZED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTHORIZED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTHORIZED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTHORIZED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTHORIZED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTHORIZED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTHORIZED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTHORIZED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTHORIZED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTHORIZED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTHORIZED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTHORIZED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTHORIZED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTHORIZED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTHORIZED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTHORIZED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTHORIZED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTHORIZED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTHORIZED TO THE TERMINAL DISEASE CONDITION GIVEN GIVE	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. While Not while of work o	(Stote)
22c. PHYSICIAN'S NAME (Type) LMM2/11/M2/M2/M2/M2/M2/M2/M2/M2/M2/M2/M2/M2/M2/	bave.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)	
24. FUNERAL DIRECTOR'S SIGNATURE (MM) ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE DATE AND 3 '60 Cithur & KLOMA	

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TO DI TY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If are lelay is necessary, The please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the furfact director. Page 20. 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.	TER	lesig	
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VS. A15	ME		
5M 7/	59		

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY (AND 9)

0026	WED	ICAL EXAMINER 3	CERTIFICATE OF DEAT	
. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased live	ad, If Institution: Rasidence bafora admission
a. COUNTY	nce Geor	ge s MARYLAND		COUNTY
b. CITY OR TOWN (if			maryland c. CITY OR TOWN (If outside corporate limits	Montgomery
write RURAL and g	iva nearast town)			The same and the s
Cheverly		Dead on arriv	al Silver Spring	
d. NAME OF HOSPITA	L OR INSTITUTION (if	not in hospital, give street address)	d. STREET ADDRESS	IS RESIDENCE ON A FARM?
Prince Ge	orge's G	eneral Hospital	820 Northwest Driv	
NAME OF DECEASED	First	Middle	Last 4. DATE	Month Day Year
(Type or print)	Roland	Clay D	e LauneySR, DEATH JI	alv 23 19 60
. SEX		7. MARRIED NEVER MARRIED 7 8	. DATE OF BIRTH 19. AGE (In	years IF UNDER 1 YEAR IF UNDER 24 HRS.
Wala		44	May 30 1911 49	Internate Days Treats Intilit
MALE	White		May 30, 1911 49	12. CITIZEN OF WHAT COUNTRY
Go during mos A & cock	ga lifes eyes limerin	resenting		
Saleaman	X	Remington Rand		U.S.A.
FATHER'S NAME			14. MOTHER'S MAIDEN NAME	
George	P. De L	auney	Carrie Hamberry	
. WAS DECEASED EVER				dress
Yes, no, or unkown) (Ify	W II		rs. Romaine De Laune	ev. same as #2
		cause par lina for (a), (b), and (c).]	z b. nomazno be paun	ey, same as #2
	WAS CAUSED BY:			ONSET AND DEATH
	MEDIATE CAUSE (a)_	Acute congestiv	e heart failure	
443	DUE TO			ALTO U.S. N. M. M. M.
Conditions, if any,	which) (b)	Cardiovascular	renal disease	
gave rise to immediat	a cause			
(a), stating the unc	lartying		Wilde	
	(c)_	IONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION	GIVEN IN DART 1(a): 10 WAS ALITORS
PARI II. OTTER.	IIGHII CONDIII	CONTRIBUTION TO DESTIT DOT THE	TREATED TO THE TERMINAL DISEASE CONDITION	PERFORMEDZ
				YES NO
PART II. OTHER S 20a. EXTERNAL CAU PRIMARY Or CON CAUSE OF DEATH.		b. DESCRIBE HOW INJURY OCCURED. (E	Entar natura of injury in Part t or Part II of itam 18.)	
20c. TIME OF INJURY	Month, Day, Year		CE OF INJURY (Homa, farm, 20f. (City or town)	(County) (State)
Hour a.m.		Whila Not Whila fact	ory, street, office bldg., atc.)	
p.m.	19	·	Id as Automic D	
		the remains described above, he		and in my opinion
death resulted fro	om: Natural cau	uses A, Accident , Suic	ide, Homicide, Undetermine	ed manner
			CHIEF MEDICAL EXAMINER	
ACTUAL	24 . 4 4 24	1 al Dell	M.D. ASSISTANT MEDICAL EXAMINER) DATE SIGNED
X	ALL CO	A 100 YO	DEPUTY MEDICAL EXAMINER	_/_/
EXAMINER'S NAME (T/pe)	Dr. James	I. Boyd	-	7/23/62
a. BURIAL, CREMATION			Addrass (Streat, city, town, or county) CREMATORY 22d. LOCATION (City.	town, or country) (State)
REMOVAL (Spacify)				
BURIAL	7/27/60	Arlington Nat'	7	
WARNER E. P	IMPUREY TI	NG. SILVER SPRING	MI) . 24a. REC'D BY REGISTRAR 24b.	
Raumana	162-310	Ro	DATE JUL 2 8 '60	arthur S. Kraus
The state of the s	- Add d			

mince copmole STRIVURN Kannedaok · Land and L angered or white first goes no beet Prince George's Conorel Hospital . 450 Northwest Drive Rolens Clay Do Launey DK July Wale White and E was 18, 1911 40 ericans to Ecotor E. nd Hervland .A.8 .II George P. De Launey Yes WW II We work of Board of De Launey, some as we phonts coognative neart fallure Cardiovectular retol at coape DyoE I souet .TU CARACTERS United and Salaki I. Celletings Arkington, Windowski requires, and extend and every to the large large trans-

ours after death. Poge 4

AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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-	400	34	A. J.	11

	PLACE OF DEATH o. COUNTY	Prince (lenroes	MARYLAI		o. STATE Mary	722	ed lived. If institut b. COUNTY		before odm	
	b. CITY OR TOWN (III RURAL and give no	outside corporate limi	ts, write c.	LENGTH OF STAY IN	1b	c. CITY OR TOWN (II	f outside corp	orote limits, write l			
-		Cheevery AL (If not in haspital, g	*	18 da.	-	d. STREET ADDRESS	na			1. 10.0	RESIDENCE
	OR INSTITUTION		ALC: UNK			1				ON	A FARM?
	P	rince Georg	es Ger	neral		4640	Lacey	Ave		YES	□ NO □
3.	NAME OF DECEASED	Fir	st	Middle		Last	4. DATE OF	Moi	ith	Day	Year
	(Type or print)	William		A.	Do	naldson	DEATH	۱ ا	uly	14	19 60
S.	SEX		7. MARRIED	NEVER MARRIED		ATE OF BIRTH		9. AGE (In years			
	Male	Wa	WIDOWED	DIVORCED	A	pril 8thel	887	73 yrs.	Months D	lays Hou	rs Min.
100	. USUAL OCCUPATIO	N (Give kind of work	done 10b. KIN	ND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (Sto	ite ar foreign	country)	12.CITIZE	N OF WHA	T COUNTRY?
1)	Brick	ing life, even if retired)	Construc	tion	Wash. D	.C.			U.S.A	
13.	FATHER'S NAME		U.S.		1	4. MOTHER'S MAIDEN	NAME				
	James D	onaldson				Emma Co					
15		R IN U. S. ARMED FOR	CES2 14 50	CIAL SECUPITY NO.	17. INFO		777110	60.60	F2nd S	treet	
{Ye	No No	If yes, give war or dates of s	ervice)	-12-5500 A			man (e				
	MO	None	510.	-Tr-9900 H	oamie	s n.Donald	son (S	on) no.	ly Par	K MO.	
ATION	Conditions, if or gove rise to it couse (o), stoting lying cause lost. PART II, OTH	the under-)	NTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TER	RMINAL DISEA	SE CONDITION GI	VEN IN PART	I(a) 19. WA PER YES	FORMED?
L CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY OCC	JRRED. (I	inter noture of injury i	in Part I or Po	ort II of item 1B.)			
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yee	While at work	_ Not while	e. PLACE factory	OF INJURY (Home, fa r, street, office bldg., e	etc.)	ty or town)	(Co	unty)	(Stote)
	21. I certify that saw the deceas		attended with	the deceased from		th accurred at 9	1900ta.	the cayses as		- 4) (<u>we) l</u> ast ed abave.
	220. SIGNATURE	Elian X	No	sson	H to		MED. DIRECTOR	STAFF PHYS.	-	7/15/	26. DATE SIGNED
	22c. PH S CIAN'S NAME (Type)	WILLIAM	1 Die	ROSSON,	MD	22d. ADDRESS 53041	ANNAF	blis Ro	Black	eusle	urg, N
	BURIAL, CREMATIO	N, 23b. DATE THEREC	OF 2	23c. NAME OF CEMETE	RY OR C	REMATORY	23d. LOC/	ATION (City, town,	or county)	(S	tate)
]	Burial (Specify)	7/18/60	0	Cedar Hi	11 0	emetery	S	uitland 1	arvlan	d	
24.	funeral director	S SIGNATURE ROLLS CO.	duc.	ADDRESS 5/7 //5	7 li	L DC 250. RE	C'D BY REGIS		STRAR'S SIGN		

may : Differed by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Baard of Health prior to burial, cremotion, ar removal, and in any event, within 72 haurs after death. TO HOS VR A1S (4) 1SM 9/S9

A CONTROL OF THE PARTY OF THE P Maid Date 1 - 80 March 1 Lieve of - MA VOTEL CHOICE - Lawrence (American Control Control V. 8: " " ... Paralle State Comment of the Comment and for the Jones Donaldson o "Mary Time (bod) monthment. I sugar 1 0003-31-570 (bod) oligh fork 16.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after deoth. If any derry is necessory, please executed within 24 hours after deoth. If any derry is necessory, please executed configuration of the configuration of the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your less.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the registrar prior to buriol, cremations or removal.

VS. A15ME(5) 5M 9/55 8297 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

R

12. USUAL RESIDENCE (Where decreased lived. If institution)

		112	2	6.	-4	
Reg.	Dist.	118	U	F	I,	

o. COUNTY Prince Georges MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. STATE Maryland b. COUNTY Pr. Geo.
b. CITY OR TOWN (if outside corporate limits, write RURAL ond give nearest form) Hyattsville 19 years:	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	Hyattsville d. STREET ADDRESS o. IS RESIDENCE
5303 42nd Avenue	5303 Li2nd Avenue YES NOT
3. NAME OF First Middle	Lost 4. DATE Month Day Year OF DEATH July 6 19 60
5. SEX 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yours IF UNDER 1YEAR IF UNDER 24 HRS.
Male white WIDOWED DIVORCED	7-1-50 1893 fost birthday) Months Days Hours Min.
10g. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Cabinet making	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Paul Eichinger	Josephine Jerge
(Yes, no, or unknown) (If yes, give war or dates of service)	Robert Eichinger; same address as # 2.
DUE TO	gestive heart failure cular renal disease
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO (Enter nature of injury in Part 1 or Part 11 of item 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, farm, ctory, street, office bldg., etc.) (City or town) (County) (State)
21. I certify that I took charge of the remains described at death resulted fram: Natural causes , Accident , S ACTUAL SIGNATURE	
EXAMINER'S John T. Maloney, M.D.	ASSISTANT MEDICAL EXAMINER [] DEPUTY MEDICAL EXAMINER [2] July 6, 1960
220. BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY CANSPORTATION July 8, 1960 Lockport	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) New York
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE
MAY I ALTERNA CINERION 2 SIGIANIANE. VANIESS	any and patell 11'60 Orthog & Kroun

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		otema depo		
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	ennouth factor is the state of			

08302 Dist. No.

(Stofe)

8324	CERTIFICA	ATE OF DEATH Reg. Dist. No.
PLACE OF DEATH COUNTING George	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission a. STATE D. C. b. COUNTY
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)

b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Washing ton
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 281063rd Ave.	d. STREET ADDRESS 322 Ma SS. Ave. N.E. e. IS RESIDENCE ON A FARM? YES NO W
3. NAME OF DECEASED (Type or print) ELIZABETH Middle EL	LING TON OF DEATH JULY 31 1960
Female White WIDOWED DIVORCED	B. DATE OF BIRTH Nov. 11,1893 9. AGE (In yeors lost birthday) 66 yrs. 9. AGE (In yeors lif UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10o. USUAL OCCUPATION (Give kind af work done during mast of warking life, even if retired) Housewife	N.C. U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Stone	Unknown
[Yes, no or unknown] . If we give wor or dates of services	Address 2816-63-44 Av Ars. Geraldine Lawsfnce CHEVERYM
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	Interoscleratio Cardiovascular Z yrs,
Canditians, if any, which gove rise to immediate couse (a), stating the underlying cause last. (b) DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
	ACE OF INJURY (Home, form, 20f. (City ar town) (Caunty) (State) ctary, street, affice bldg., etc.)
21. I certify that I attended the deceased fram.	1950, to July 31 , 1900, that I last saw the deceased
alive an July 30 , 19 60 , and that death	J. 7/6
PHYSICIAN'S WILLIAM D. ROSSON, MD	BLADENSBURB, MARYLAND

22c, NAME OF CEMETERY OR CREMATORY

ADDRESS

22d. LOCATION (City, Jown, or county).

24a. REC'D BY REGISTRAR

DATE AUG 2

24b. REGISTAR'S SIGNATURE

colling S. Kins

may k ained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs after de

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24,

Purs after death. Page 4

TO HOS VS A15 (4) 15M 9/5B 220. BURIAL, CREMATION, REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Prince Coorgan All District of the Control of the C .eva fuld-CISS SALL STREET, LL VIOL CONTRACTOR AND AND ADDRESS OF THE The state of the s My Andrews Mills was Chara La La Core dine Control Control Control and the same of the standard of the same o and the second section of the section of and the state of t

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CEDTIEICATE OF DEATH

08303.

		CERTIFI	CAIL	OF DEATH				
1. PLACE OF DEATH o. COUNTY Pri	nce George	MARYL.	0	SUAL RESIDENCE (WI		COUNTY	nce before admissi	
b. CITY OR TOWN (If out	side corporate limits, wr		N 1b		outside corporate limit			
RURAL and give neares	verlv	5 days	6	Urrot	tsville			
d. NAME OF HOSPITAL (I	If not in hospitat, give st	reet oddress)		STREET ADDRESS				IDENCE FARM?
		ral Hospital			ongfellow	St.		
3. NAME OF DECEASED (Type or print)	First ames	Middle R	Fa	cer	4. DATE OF DEATH	Month		Year 19 6
5. SEX 6.	COLOR OR RACE 7.	MARRIED WEVER MARRIED	B. DA	TE OF BIRTH	9. AGE	In years IF UNDER	TYEAR IF UNDE	
	HILLO	OWED DIVORCED		6 Oct. 18	385 71	yrs.	Days Hours	Min.
10a. USUAL OCCUPATION (during most of working	Sive kind of work done life, even if retired)	10b. KIND OF BUSINESS OR	INDUSTRY				IZEN OF WHAT C	OUNTR'
Auditer		Government		Washin	gton D.C.	U.	S.A.	
13. FATHER'S NAME			14,	MOTHER'S MAIDEN	VAME			
Albert Fac	cer			Lavinia		Hammond		
IS. WAS DECEASED EVER IN		16. SOCIAL SECURITY NO.	17. INFORM	MANT		Address		
NO (If yes	NO		J117 1	a Yeabowe	er 3602 I	Congfell	OW St	
		P 6 (3 (b) 1 (3 2	Jours	a Icaboni	01 200% 1	OHELCTI	INTERVAL BE	TIMEEN
		per line for (o), (b), and (c).]					ONSET AND	
PART I. DEATH V	WAS CAUSED BY: MEDIATE CAUSE (o)	Cerebral Thro	ombosis	(right pa	rieto-occi	pital)	1 week	
1331 ~	DUE TO							
2291		Camabanah Amba						
Conditions, if ony, gove rise to imme		Cerebral Arte	1.102C1	erosis			yea	LP
couse (o), stoting the								
lying couse lost.	(c)	Generalized A	rterio	sclerosis			year	rs
PART II. OTHER S	IGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEA	TH BUT NOT	RELATED TO THE TERM	INAL DISEASE CONDI	TION GIVEN IN PAR	T 1(0) 19. WAS	AUTOPS
Mitral Val	vular Stene	sis, old, cau	se und	etermined.				RMED?
20- ACCIDENT WAS U		DESCRIBE HOW INJURY OC				m 18)	120	140
PART II. OTHER S MITTAL Val 20a. ACCIDENT WAS UI OR CONTRIBUTING 0 (IF EITHER, NOTIFY MED	CAUSE OF DEATH	DESCRIBE HOW INJUST OC	CORRED. (EIII	er notore of injury in	ron to tolthome	11 (0.)		
20c. TIME OF INJURY A	Month, Doy, Year 2	0d. INJURY OCCURRED		F INJURY (Home, form		(*	County)	(Stot
Hour o. m.		Vhile Not while	roctory,	street, office bldg., etc	-1			
				7-104	7	, ,		
21. I certify that (I) (this haspital) at	tended the deceased f			232 1.10		22, that (1) (
saw the deceased	alive an	19 (20, and	that death	accurred at 2,3	ORMram the ca	uses and an the	e date stated	abay
220. SUSNATURE		2				FEBRUARY AND	221	b. DATE
12-21	cold fl	-unt	M.D.	ATTENDING MPHYS.	IRECTOR PHYS.			SIGN 1/2
22c. PHYSICIAN'S NAME (Type)				22d. ADDRESS	10 1	Dal 10	1. 1	1, 1
	.R.Fleische	r M.D.	1,000	4 9 32 auce	us therefol.	161, 1849	Thate	les
	23b. DATE THEREOF	23c. NAME OF CEME	TERY OR COE	MATORY	23d. LOCATION (Cit	town or country	(Stote	-)
REMOVAL (Specify)	-111-				-			-1
Burial	7/27/60	Fort Line	coln Ce		Prince		aryland	
24. FUNERAL DIRECTOR'S ST	GNATURE Williel	ADDRESS				256. REGISTRAR'S SI		
Walter W. I	eal Funera	1 Home 4812 Ga	a. Ave.	N.W. DATE	IL 2 6 60	Cirthun S.	Tiralla	
- 11 was	A ALLES TO AND VALUE OF	THE PROPERTY OF THE PARTY OF TH						

filled in by the funeral director, iges 1 and 2 shauld be filed with deoth. TO FUNEKAL DIRECTOR: After this certificate has been signed by the attending physician and page 3 shauld be detached for use os the buriol-tronsit permit. Then please remave carbon the Stote Board of Health priar ta burial, cremotion, or remaval, and in any event, within 72 hi ained by the hospital or attending physician. may VR A15 (4) 1SM 9/59

AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

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VR A15 (4) 15M 9/59

8298

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

08304

1.	PLACE OF DEATH		1		2.	USUAL RESIDENCE	(Where decease			before admission)	7
	Prin	ce George		MARYLAN	ND	2701 Co	nnecti	cut Avenu	ie, N.V	V., Wash.	D.
	b. CITY OR TOWN (II RURAL and give ne Hyattsvi	f outside corporate lime earest town) 11e, Mary		c. LENGTH OF STAY IN 3 Vrs.	1b	c. CITY OR TOWN	(If outside carp	orate limits, write I	RURAL and give	e nearest town)	
10	d. NAME OF HOSPIT	AL (If not in hospital,		N/		d. STREET ADDRESS		47	X-3	e. IS RESIDENCE ON A FARM? YES NO	
3.			rst	Middle		Lost	4. DATE	Mai	nth	Day Year	
	(Type or print)	Mae	Quai	d Ferguson		-1.30	DEATH	7 .	- 14- 6		
	F.	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED		9-19-92		9. AGE (In years lost birthday) 67 yrs.	-	YEAR IF UNDER 24 HR	
	o. USUAL OCCUPATION during most of work Clerk-typi	ing life, even if retired	1)	KIND OF BUSINESS OR IT	NDUSTRY	474	ngton.	4.1		NOF WHAT COUNTR	Y?
	. FATHER'S NAME	50 (0 022	Oay	40.00	1	4. MOTHER'S MAIDE		2.0.		• • • • • • • • • • • • • • • • • • • •	
	Patrick	S. Quaid				Margar	et McLa	aughlin			
	. WAS DECEASED EVER	R IN U. S. ARMED FO		SOCIAL SECURITY NO.	17, INFO				Iress		
L.	no			Vone	Mar	garet M.	Quaid	2701 Cor	nectio	ut Ave. N	. W
		TH [Enter only one c TH WAS CAUSED BY: IMMEDIATE CAUSE (Co	ronary Insu:	ffic	iency				INTERVAL BETWEEN ONSET AND DEATH 2 min.	
CERTIFICATION	Canditions, if or gave rise to in couse (a), storing lying cause last. PART II. OTH Baroncho 20a. ACCIDENT WA OR CONTRIBUTION	mmediate the under DUE TO IER SIGNIFICANT CON — pleura	c) 1 NDITIONS C 1 - C	eft mycotic contributing to Death utaneous fis cribe How Injury Occu	(As	pergella i related to the te a, left u	Nigera RMINAL DISEA pper lo	lung at secondition GI	scess	4 yrs. 5 years (o) 19. WAS AUTOPS PERFORMED? YES NO C	
MEDICAL			1	Nat while		OF INJURY (Hame, f , street, office bldg.,		y ar tawn)	(Cou	enty) (Stat	e)
	22c. PHYSICIAN NAME (Type)	S. J. Cos:	oud imano		at deat	ATTENDING PHYS. 22d. ADDRESS 1835	MED. DIRECTOR E	STAFF PHYS. eet, N.V	7., Was	22b. DATE SIGNE -15-60 h. 6, D.C	e. ED
	Burial, CREMATIO REMOVAL (Specify) Burial I. PUNERAL DIRECTOR	7-18-10	0F 060	Mt Olive	20 - 0 - 1	st 8℃ 250. R	Was		D.		N TO
L	Hosepho	Xawieru	2076	W6 112010	4,40	C JUE DATE,	JUL 18'6	ou C	thun S. H	Atta	_

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rs after death. Page 4

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 the State Board of Health prior to burial, crematian, ar removal, and jrl any event within 72 hours after death.

I OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 baned by the haspital ar attending physician.

TO HOS may 8

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

(1831)5

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission)
o. COUNTY Prince George MARYLAND	o. STATE Maryland b. COUNTY PrinceGeorge
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)
RURAL ond give nearest fown) Cheverly 9 days	Mt. Rainier
d. NAME OF HOSPITAL (If nat in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Prince Georges General Hospital	3728 36th St. ON A FARM?
3. NAME OF First Middle	Last 4. DATE Month Day Year
DECEASED (Type or print) Irene Elizabeth	Fitzgerald Of July 16 19 60
S. SEX 6. COLOR OR RACE 7. MARRIED DEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
Female White WIDOWED DIVORCED	22 Dec. 1921 last bighday) Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIES OF I	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 14. MOTHER'S MAIDEN NAME
Frank Melliams	Elinabeth Hager
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes, no, or unknown) (If yes, give war or dates of service) 578 15378	Porenee E. Gidley Ray above
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c).	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Molapla	le ONSET AND DEATH
Canditions, if any, which gave rise to immediate	origin site
cause (o), stating the under- lying couse lost.	mil
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
CATIC	PERFORMED Y
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture af injury in Part I ar Porl II of item 1B.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State tory, street, office bldg., etc.)
21. I certify that (I) (this haspital) attended the deceased fram	
saw the deceased alive on 19 and that d	leath accurred at 6.000 fram the causes and an the date stated above
1 117 General Ce.	M.D. PHYS. DIRECTOR STAFF 7/16/1/26
22c. PHYSICIAN'S WILL. ETIENNE	22d. ADDRESS Sel. 7/8 Juil
23a. BURIAL, CREMATION, 23b. DATE THEREOF 22-MAME OF CEMETERY OF SUITE OF S	R CREMATORY (Store) 23d. LOCATION (City, town, or county) (Stote) Colma Marior, Md.
24. FUNERAL DIRECTOR'S SIGNATURE	acuel 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Kalleys Fundal Home 7	Ld. DATE INL 20'60 Chilling & thomas

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

08306

	o. COUNTY Prince Georges	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE	nere deceased lived. If institution b. COUNTY	Residence before admission) Prince Georges
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		outside corporate limits, write RUF	RAL and give nearest town
1	d. NAME OF HOSPITAL (If not in haspital, give stree OR INSTITUTION		d. STREET ADDRESS	ne	e. IS RESIDENCE ON A FARM? YES NO S
1	Prince George	S General Middle	Last	4. DATE Month	
1	DECEASED	Middle	LOST	OF DEATH	Day 1edi
-	(Type or print) Baby Boy		Fleets	l li	FUNDER 1 YEAR IF UNDER 24 HRS.
3		RRIED NEVER MARRIED	8. DATE OF BIRTH	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Months Days Haurs Min.
	M C WIDOV		6 - 25-60	yrs.	11
1	 USUAL OCCUPATION (Give kind of work done 10th during most of working life, even if retired) 	. KIND OF BUSINESS OR INDU	STRY H. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
			Marylan	d	U.S.A.
1	. FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME	
4	Ct Flee	+ 0		Arebella Small	road
1	, WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. II	NFORMANT LUCY	Arebella Small	WOOO
	(es, no, or unknown) (If yes, give war or dates of service)		-41	Como	
-			other	Same	1
	18. CAUSE OF DEATH [Enter only one couse per	line for (o), (b), ond (c).]	CMTD A	_	ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	CALL PROPERTY.	Melen	lun	
	DUE TO		1	7-19	
	Canditians, if any, which)		Tremet	my	TO THE RESERVE
	gove rise to immediate			0	
	Luiss source lost		elsen	hea	
	/ (0)	CONTRIBUTING TO DEATH BUT	NOT PELATED TO THE TERM	INAL DISEASE CONDITION GIVE	N IN PART 101 19 WAS ALITOPSY
1	TAN III OTTER STOTATIONS	CONTRIBOTINO TO DEATH BO	THO TREE TO THE TERM	MAC DISEASE CONDITION ONE	PERFORMED?
				D D	YES NO
	20a. ACCIDENT WAS UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCURRE	D. (Enter noture at injury in	Port I or Port II of Item 18.)	
	20c. TIME OF INJURY Month, Doy, Year 20d.	- fo	ACE OF INJURY (Home, form	n, 20f. (City or town)	(County) (State)
	Hour a.m. While p.m. 19 of we	e Not while	ciory, sireer, office blug., etc	"1	
			Tune 25	60 to July 6	20 60 4 4 4 4 4 4
	21. 1 certify that (I) (this haspital) atter	ded the deceased fram.	0 mio 22 19		, 19_60, that (1) (we) last
	saw the deceased alive an July	D19_OU and that	death accurred at 10	the causes and	an the date stated above.
	22a. SIGNATURE		ATTENDING \ / M	FD STAFF	22b. DATE SIGNED
	grain our		M.D. PHYS. DI	IRECTOR PHYS.	1-1-60
	22c AYSICIAN'S NAME (Type)		22d. ADDRESS		
2	3a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY /	23d. LOCATION (City, town, or	caunty) (Stote)
	REMOVAE (Specify)	Any IV.V.	m Money	100 Mars	mater middle
4	4. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250 PEC	D BY REGISTRAR 25b. REGIST	TRAR'S SIGNATURE
	400000000000000000000000000000000000000	D d			
	HOTEL WHILL	In aprias	CAL MICH DATE U	L 11'60 and	my S. Kraus
	2077 309XV3	U			

the attending physician and campletely filled in by the funeral director. Then please remave carbon papers. Pages 1 and 2 shand be filed with TO HOSE ALOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may the brief of the hospital are attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remave carhameters the State Board of Health prior to burial, cremation or recently.

rs after death. Page 4

or some and a demonstration of the party of the backets

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1)	0	9	6	· laby	,
- 1	7	0	J	1	3	

1. PLACE OF DEATH o. COUNTY Prince Georges	MARYLAND	o. STATE Marylar	•	b. COUNTY.	idence before on	
	OF STAY IN 16	CITY OR TOWN (III	f outside corporate I	mits, write RURAL o	and give nearest	town)
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Prince Georges Hospital		d. STREET ADDRESS		Street	C	RESIDENCE ON A FARM?
3. NAME OF First	Middle	Last	4. DATE	Month	Day	Yeor
OFCEASED (Type or print) Jessie R	_	aase	OF DEATH	July	12	1960
S. SEX 6. COLOR OR RACE 7. MARRIED NEVI	ER MARRIED B.	DATE OF BIRTH	9. A	GE (In years IF UN st birthday) Mani	DER TYEAR IF L	7
Femake White WIDOWED	DIVORCED [ctober 13,	, 1915	4 yrs.	hs Days Ho	ours Min.
10a. USUAL OCCUPATION (Give kind af wark done 10b. KIND OF BU	SINESS OR INDUSTR	Y 11. BIRTHPLACE (Sto	te or foreign country	12.	CITIZEN OF WH	IAT COUNTRY?
during most of working life, even if retired) Cosmetic Byer Drug Co		New Y	ork		USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		To the second	
Daniel Reiff			Worrell			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECT	URITY NO. 17. INFO	RMANT		Address		
(Yes, no, or unknown) (If yes, give war ar dates of service) 578 09	5803 E ₁	rwin E Fra	ase Hyat	tsville	Md.	
18. CAUSE OF DEATH [Enter only one cause per line far (o), (b)), and (q).]	, ,	0 . 1	6	INTERVA	L BETWEEN
PART I. DEATH WAS CAUSED BY:	er lins	nes Misco	no iles	· du	ONSEL	AND DEATH
IMMEDIATE CAUSE (o) DUE TO			1			
	en Olys	1MD 0 (11	1 min	_ /	0.0	
Canditians, if ony, which gave rise to immediate (b)	CO CAL	CIOUN CL	X Vo-			
couse (a), stating the under-		6				
lying couse last. (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN	IG TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE CO	ndition given in	P	VAS AUTOPSY ERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW OR CONTRIBUTING 20b. CONTRIBUTING 20b. DESCRIBE HOW (IF EITHER, NOTIFY MEDICAL EXAMINER)	INJURY OCCURRED.	(Enter nature of injury i	in Port I ar Part II of	item 1B.)		<u> </u>
	IDDED 20- BLAC	E OF INJURY (Home, fa	206 (6:4		15	154-4-1
Hour a.m. While Not wh	5	ry, street, office bldg., e	etc.)	own)	(County)	(Stote)
p. m. 19 at wark ot war		,				
21. I certify that (I) (this haspital) attended the de	ceased fram.	2H. 14 1	1950, to VUI	Y 12 1	9.60 that	(I) (we) last
saw the deceased alive an July 5 196	Q and that dec	ath accurred at	M, fram the	causes and an	the date sto	ted abave.
220-SIGNATURE			1			22b. DATE
fraules C. Hageng	0 M.	D. PHYS.	MED. ST	AFF HYS.		SIGNED
22c. PHYSICIAN'S		22d. ADDRESS		7 A	k	
Charles C. Hageage	M. II.	3308 1	erry 5	t. Mt. 1	PAIHID.	1 /1)
23g. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME	E OF CEMETERY OR	REMATORY	23d LOCATION	(City, town, or cou	ntv1	(Stote)
REMOVAL (Specify)	Lincoln (Colmar		4d.	(3,010)
Burial July 14, 1960 24. FUNERAL DIRECTOR'S SIGNATURE ADDRE			C'D BY REGISTRAR	25b. REGISTRAR'		
F. Gasch's Sons Hyattsvill			. 5 .00			
desch s ~uns nyattsvill	e Pid.	DATE	UL 15'60	Circhia	8. Kraus	

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THE RESIDENCE OF THE PROPERTY OF THE PARTY O

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08308 CERTIFICATE OF DEATH Rea. Dist. No. eral director, be filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND the funeral should be fi b. CITY OR TOWN (If autside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY QR TOWN (If outside corporate limits, write RURAL and give nearest town) BRAL and give negrest (own) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION 400 YES NO NAME OF Middle Month Year DECEASED (Type or print) 1960 S. SEX 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Months DIVORCED | WIDOWED Z 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? ban p 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion o 0 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN attending ; 18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c).] INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) **DUE TO** à Conditions, if any, which (b)_ gned gove rise to immediate DUE TO cause (a), stating the underlying cause last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY CERTIFICATION PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) certificate 0 (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a. m. While Not while at work at work 21. I certify that I attended the deceased fram ____that I last saw the deceased detoched and that death accurred at___ M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S HAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)

ADDRESS

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

arthur & Thous

VS A15 (4) 15M 10/S7 REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08309 Reg. Dist. No.

I. PLACE OF DEATH o. COUNTY Prince Georg	CES MARYLAND	2. USUAL RESIDENCE (N	Where deceased	lived. If Institu b. COUNT	v	~
b. CITY OR TOWN III outside corporate limits, write \$1841	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (III	N	tata limita writa	Prince	
Rural-Adelphi	$5\frac{1}{2}$ mos.	finite man	erly	ore minis, write	NORAL ONG GIVE II	eoresi iowiij
d. NAME OF HOSPITAL OR INSTITUTION (If not in he	ospitol, give street oddress)	d. STREET ADDRESS				e. IS RESIDENCE
Paint Branch Nursing	Home	3117 Ch	everly	Avenu	ie	YES NO
3. NAME OF First	Middle	Last	4. DATE	Mont	h Doy	Year
(Type or print) Edith	Phoebe Ga	aither	DEATH	July	20 XXX	19 60
5. SEX 6. COLOR OR RACE 7. MARS	RIED NEVER MARRIED 8.	DATE OF BIRTH	9.	AGE (In years lost birthday)		IF UNDER 24 HRS.
Female white wow	ED DIVORCED	Jan. 11,	1873	87 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR			ntry)	12. CITIZEN O	F WHAT COUNTRY?
Housewife		Illa	nois		USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME			
George Brandenbu		Un	known			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (You, no, or unknown) [(If yes, give wor or dates of service)]	S. SOCIAL SECURITY NO. 17. IN	FORMANT		Address		
No		Records of	Nursi	ng Hor	ie	
18. CAUSE OF DEATH [Enter only one cause per line	o for (a), (b), and (c).]				INTE	IVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Acute con	gestive he	art fa	ilure		i nii seiii
MAL O NO DUE TO						
Conditions, If any, which) (b)	Cardiovaso	cular rena	1 dise	28.86		
gove rise to immediate cause						
(o), stoling the underlying couse lost.		20 T			100	
	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INALDISEASE (ONDITION GIV	EN IN PART 1(0)	9. WAS AUTOPSY
ATIO						PERFORMED? YES NOTE:
PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONTRIBUTIONS CONTRIBUTION	BE HOW INJURY OCCURRED. (En	ter nature of injury in Por	rt I or Part II of	item 18.)		
	INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form	n, i 20f. (City o	r town)	(County)	(Stote)
A Hour a.m. Whi		y, street, office bldg., etc			(200)	(5.6.6)
21. I certify that I took charge of the	remains described above	e, held an Autaps	y , Ins	pection 🔣,	(nquiry X	, and find that
death resulted fram: Natural causes	X, Accident , Suic	ide [], Hamicide	, Und	letermined c	cause .	
010	1					
SIGNATURE JOHN O Hay	anus	M.D. CHIEF MEDICAL E	XAMINER -			DATE SIGNED
		ASSISTANT MEDIC	AL EXAMINER			
NAME (Type) John T. Malon	ey, M.D.	DEPUTY MEDICAL	EXAMINER	Jul	y 19,	1960
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	REMATORY	22d. LOCATIO	ON (City, town,	or county)	(Stote)
Burial July 23, 196	60 Ft Lincoln	Cemetery	Colm	ar Mano	r. Md.	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRA	R 24b. REGIS	STRAR'S SIGNATUR	
F. Gasch's Sons Hyat	tsville. Marvla	and. DATE JI	JL 25'60	Q,	illus d. Their	

MEDICAL EXAMINER'S CERTIFICATE OF DEATH South Burn Land Car Street Street Carlo There is a second of the control of the second of the seco Control of the Contro Thursday Designation of the Committee of

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

HATCH THE PROPERTY OF THE PARTY argoed such as the brokenil and a second such as the contract of All plants of the Louis Livered or rest under the and the court of t Application of the second of t When the state of and the state of t Market Miller of the property of the contract of the contract

TO HOSPICAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may 1. Since by the hospital or attending physician.

TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any eregonathin 72 hours ofter death.

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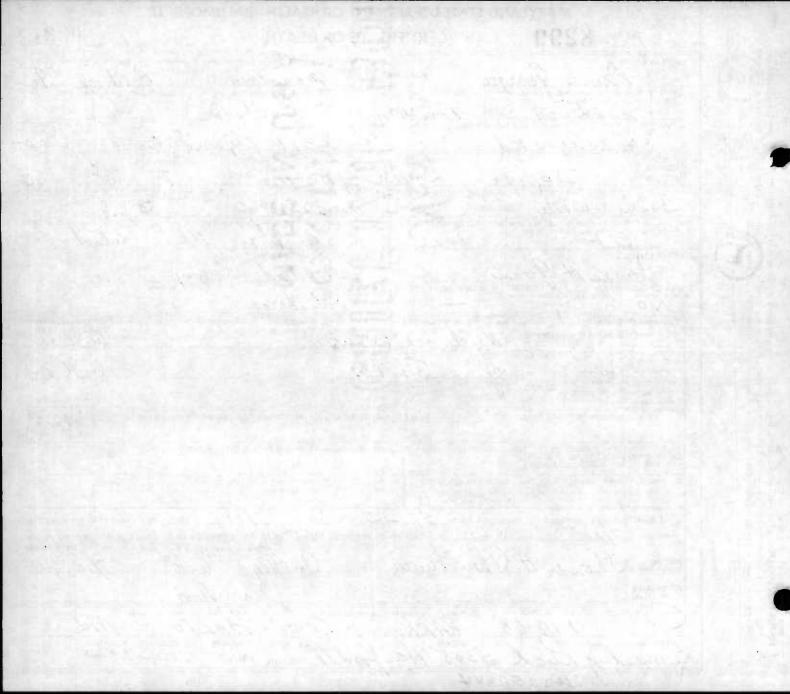
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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	CE	RTIFIC	ATE	OF D	EATH

	CERTIFICATE OF DEATH
1	1. PLACE OF DEATH a. COUNTY RINCE (FEURGE MARYLAND) 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE MARYLAND b. COUNTY RINCE HOLDS
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION TO A FARM? YES NO DE TO A FARM? YES NO DE TO A FARM?
	3. NAME OF DECEASED (Type or print) LOYD LPROV GRAHAM DEATH 11/L V 31 1960
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
1	CLARENCE GRAHAM MARV ANN HOAR
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address WIFE (Yes, no, or unknown) (If yes, give war or dates of service) (Yes, no, or unknown) (If yes, give war or dates of service) (Yes, no, or unknown) (If yes, give war or dates of service)
	18. CAUSE OF DEATH [Enter only one couse on lims for (o), (b), and (c).]
7	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Wrome Cordio Parcular Police of month
	Conditions, if any, which) DUE TO SILCROSIS
-	gove rise to immediate couse (a), stating the under-lying couse lost. DUE TO
7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO (1)
	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) CR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 20d. INJURY OCCURRED While Not while of work at wo
	21. I certify that (1) (this haspital) attended the deceased fram. I feet 196 that (1) (we) last
	saw the deceased alive on
	M.D. PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S ROBERT C. HAILE 35NY Ane NWW of at
	23a (BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 8/3/60 CEDAR H, L4 SU; TLAND MP.
1	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS DATE 8316 3 '60 Colour & Known
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



L	Reg. Dist. No.
1.	LACE OF DEATH COUNTY Prince George's MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. STATE Maryland b. COUNTY P. G.
- 1	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) ond give nearest lown)
	Cheverly Dead on arrival Chillum
	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Prince George's General Hospital ON A FARM YES NO
	AME OF Louis First Middle Lost Lost OF DEATH July 24, 19 6
5. :	Male 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE 16 years 17. MARRIED 18. DATE OF BIRTH 9. AGE 16 years 18. Days
100	USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Retired New York 12. CITIZEN OF WHAT COUNT U. S. A.
13.	FATHER'S NAME XIXIXXXXIII Harry Gross 14. MOTHER'S MAIDEN NAME XIXIXXXIII Rachel —
	was deceased ever in u. s. armed forces? 16. social security no. 17. informant 5557 admillium Place N no. or unknown) 14 yes, give wor or doles of service) 577-54-1168 Harold Gross, Washington. D.C.
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. DUE TO (c) DUE TO (c)
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO []
	20a. EXTERNAL CAUSE WAS PRIMARY ar CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a, m, p. m. 19 20d. INJURY OCCURRED While Nat while of work at work 19 of work 19 Nat while Nat while
	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection Inquiry, and find to death resulted from: Natural causes Accident, Suicide, Homicide, Undetermined cause
	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
	EXAMINER'S NAME (Type) James I. Boyd DEPUTY MEDICAL EXAMINER JULY 24. 1960
220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY GREGEMATORY 22d. LOCATION (City, town, or county) (Store) BURIAL (Specify) 7-26-60 Mt-LEBANON CPMETER) HYATTS VILLE MD.
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
E	DANZANSKY 450NS 3501-1413 St. N. W. DATE JUL 21'60

DATE

TO DEPUTY MEDICAL EXAMINER: This cartificate shauld be executed within 24 hours after death. If any dejay is necessory, please execute sertificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funer rector. Page 4 shauld be forwered to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you es.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the registror prior to buriol, grematian, ar remaval. VS. A15ME(5) SM 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8372

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	Dist.	=()	8	3	2	1
Reg.	Dist.	No.	0	U	mile,	1

	nce Georges	MARYLA	NO O. STATE	Maryland Fr. deo.						
b. CITY OR TOWN (If ond give nearest town) River		c. LENGTH OF STAY IN	b c. CITY C	Chillu		te limits, write	RURAL ond gi	ve nearest to	own)	
	L OR INSTITUTION (If not in	hospitol, give street oddress)	d. STREET 843	ADDRESS Berksh	ire D	rive		ON	ESIDENCE A FARM?	
3. NAME OF DECEASED (Type or print)	Elizabeth	Margaret	Grossman	ost 4.	DATE OF DEATH	July	lst		19 60	
5. SEX Female	White wind	ARRIED A NEVER MARRIED DIVORCED	6-2	23-14		AGE (In years out birthday) 40 yrs.	Months Day		Min.	
10a. USUAL OCCUPATION during most of working HOUSEWII 8	N (Give kind of work done 1); life, even if retired) -Saleslady	Ob. KIND OF BUSINESS OR INI Dept. store	SCC	PLACE (Stote or otland	foreign count	try)	12. CITIZEN	USA.	COUNTRY	
13. FATHER'S NAME Willie	J. m Sterling		14. MOTHER	s Maiden NAM		ving		ME		
	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 1 384-18-8145	7. INFORMANT Mrs. Le	Roy S.	Girson	7401	Brenna Chase	n Lane		
Conditions, if or gove rise to immed (o), stating the ucouse lost.	ote couse nderlying DUE TO	Pulmonary Congestive Myocardos S CONTRIBUTING TO DEATH B	e heart f		ALDISEASE CC	DNDITION GIV		PERFC	AUTOPSY DRMED?	
PART II. OTH 200. EXTERNAL CAU PRIMARY G or CON CAUSE OF DEATH. 20c. TIME OF INJUR	TRIBUTING []	CRIBE HOW INJURY OCCURRED 1200.						YES 🔼	ио 🗌	
20c. TIME OF INJUR Hour o. m. p. m.	· ·		PLACE OF INJURY factory, street, office	(Home, form, I ce bldg., etc.)	20f. (City or	town)	(County	1	(Stote)	
death resulted		ne remains described on s X, Accident ,	Suicide [],], Unde	ectian X , termined c		(), and	find that	
EXAMINER'S NAME (Type) 220. BURIAL, CREMATION	John T. Malon	22c, NAME OF CEMETERY	ASSIST DEPUT	ANT MEDICAL EXA	EXAMINER [Jul		960		
CREMATION (Fy)	1/5/60	FT. LINCOLN			PRIN	ICE GEO,	COUNT	Y. MD.		
2) FUNERAL DIRECTOR	UNIPHHEY, INC.	SILVER SPRI	NG, MD.	240. REC'D 8		24b. REGIS	itrar's signa ritury 8. 1	TURE		

VS. A15ME(5) 5M 9/55

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MARYLEND STATE DEPARTMENT OF HEALTH-BALFIRORS, 18 MIDICAL EXAMINER'S CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. (No. 315

1. PLACE OF DEATH o. COUNTY	Prince George	es maryland	2. USUAL RESIDENCE G. STATE	(Where deceased liveryland	b. COUNTY	-	and the same of th
b. CITY OR TOWN (If and give necess town) River	outside corporate limits, write RURAI	c. LENGTH OF STAY IN 16 8 months	III difference	(If outside corporate	e limits, write f	RURAL and give r	nearest tawn)
11	ensbury Road	n hospital, give street address)	d. STREET ADDRESS	s Queensbur	v Road	BUNG	o. IS RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	First	Middle	Last	4. DATE	Month	Day	Yes NO NO
S. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED B	. DATE OF BIRTH	19 A	GE (In years	-	IF UNDER 24 HRS.
during most at working	N (Give kind of work done	Ob. KIND OF BUSINESS OR INDUST U.S.GOV! t	TRY 11. BIRTHPLACE (SH		yrs.	12. CITIZEN O	F WHAT COUNTRY?
13. FATHER'S NAME	Hansher		14. MOTHER'S MAIDEN	N NAME			
	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)		rormant eggy Mello;	126 34th	St., S.	.E., Was	h., D.C.
Canditions, if an gave rise to immedi (a), stating the ucause last. PART II. OTH	ote couse nderlying DUE TO	Cardiovascu			NDITION GIVE		9. WAS AUTOPSY PERFORMED? YES NO [27]
PART II. OTH	SE WAS TRIBUTING 206. DES	CRIBE HOW INJURY OCCURRED. (E	nter nature of injury in F	Part I or Part II of ite	em 18.)		из под
20c. TIME OF INJURY Hour a. m. p. m.		20d. INJURY OCCURRED 20e. PLA: While Not while of work of work	CE OF INJURY (Home, fory, street, office bldg., e	arm, 20f. (City ar to	own)	(Caunty)	(State)
death resulted ACTUAL SIGNATURE EXAMINER'S	from: Natural cause	he remains described abases . Accident . Sui	_M.D. CHIEF MEDICAL ASSISTANT MED	de 🔲, Undet	ctian X, ermined co	ause .	DATE SIGNED
22a. BURIAL, CREMATION REMOVAL (Specify)	ohn T. Malone: July 7, 190	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION Suitla			(State)
23. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS yattsville Md.		C'D BY REGISTRAR	24b. REGIST	TRAR'S SIGNATUR	

VS. A15ME(S) SM 9/S5

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5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08316

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	PLACE OF DEATH						2. USUAL R	RESIDENCE (Where deceas	ed lived. If instit		ence bel	fore admi	ission)
Prince Georges MARYLAND							Maryland Pr. Geo.							
1	ond give negrest tow	(If autside corporale limits, we	ite RURAL	c, U	ENGTH OF STAY	IN 1b	c. CITY (OR TOWN (I	f outside corp	porote limits, write	RURAL one	d give n	earest to	wn)
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_		everly	116 1-	A second to the	D.O.A.	,	1 07005		ttsvil	re			1. 10.0	COLDENICE
	. NAME OF HOST	ITAL OR INSTITUTION	(ir nor ir	nospiral, (Bine street oggret	is)		T ADDRESS					e, IS K	A FARM?
	Prince (Georges Gen	eral	Hos	oital		1	5709	40th	Place				NON
	NAME OF	F	irst		Middle		L	asl	4. DATE	Mont	h	Day	Y	fear
	DECEASED				На	ardy		OF DEATH	July		13.		960	
5.	SEX	6. COLOR OR RACE	7. M	ARRIED TO	NEVER MARRIE	8.	DATE OF BIR	TH		9. AGE (In years	IF UNDER	TYEAR	IF UND	ER 24 HRS.
	Male	white	WIDO	WED	DIVORCED	П	8-23	-21		35 yrs.	Months	Days	Hours	Min.
100	. USUAL OCCUPAT	ION (Give kind of wark	dane 1	Ob. KIND C	F BUSINESS OR	INDUSTR		-	or foreign c	11	12. CIT	ZEN O	F WHAT	COUNTRY
	during most of work	ing life, even if retired												
_		echnician		De	ental				oama			US.	A	
13.	FATHER'S NAME						14. MOTHER	'S MAIDEN	NAME					
	Houston	n H. Hard	y						Emma	Prichard	1			
15.	WAS DECEASED E	VER IN U. S. ARMED FO		16. SOCIA	L SECURITY NO.	17. IN	FORMANT			Address			7 -	VIII TO
(10	Yes	(If yes, give war or dates of W.W.2.	er service)	262-	26-8754	181	loiss	Hardy	: same	addres	a ng d	2.		
-		ATH Enter only one co						22442 (4)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J GGG OD!	, do //		EVAL BETWI	er er a
	Conditions, if	ATH WAS CAUSED BY: IMMEDIATE CAUSE (eute con									
	gove rise to imme)	Ue Ue	TUTOAS	CULAL	Tella	T are	5006					
	(a), stating the													
	cause last.) (c)											
Ö	PART II. OT	THER SIGNIFICANT CO	NOITION	S CONTRIB	UTING TO DEAT	H BUT NO	T RELATED 1	TO THE TERM	INAL DISEAS	CONDITION GI	VEN IN PAR	T 1(o) 1		AUTOPSY RMED?_
TY												1	YES 🔲	NO
CERTIFICATION	20g. EXTERNAL CAPRIMARY OF CO	AUSE WAS ONTRIBUTING [70b. DESC	CRIBE HOW	/ INJURY OCCUP	RRED. (En	ler nature af	injury in Pa	rt I or Part II	of item 18.)				
	20c. TIME OF INJU		egr 2	Od. INJURY	OCCURRED 2	Oe. PLACI	F OF INILIPY	(Home, farr	m, 20f. (City	or town)	1Ca	uniy)		(State)
MEDICAL	Hour o. m.		V	Vhile	Not while_			ice bldg., etc		or lowing	(60)	umyj		(31010)
	21. 1 certify	that I took charg	e of th	ne remo	ins described	d obov	e, held o	n Autops	sy 🔲, Ir	spection X	Inqui	y X	, and	find tha
	death resulte	d from: Natural	couse	s KI.	Accident []	, Suici	ide 🔲,	Homicide	e 🔲, Ui	ndetermined	couse [
	ACTUAL SIGNATURE_	ando	M.	Jala	mens	/	M.D. CHIEF	MEDICAL E	XAMINER				DATE S	SIGNED
	EXAMINER'S NAME (Type)	John T. M	alor	ley, N	1.D.				EXAMINER D	_	ily 11	, 1	960	
220	BURIAL, CREMATI	ON, 22b. D. THERE	OF	22c. N	NAME OF CEMET	ERY OR C	REMATORY		22d. LOCA	TION (City, town,	or county)		(State	e)
a	1 REMOYAL IS DECIF	2 7/35/60		Ba	rton Fu	nera	1 Hom		Atmos	re	Alab	ama		
23.	FUNERAL DIRECTO			- 1	ADDRESS		440		D BY REGIST	RAR 24b. REG	STRAR'S SIG			
	F. Gasch	's Sons H	lyat	tsvil	le, Md.			ALL T	8 '60	0 11	8 the			
								TO VIE	0 00	Links	1 s. /h	LEUS		

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND **CERTIFICATE OF DEATH**

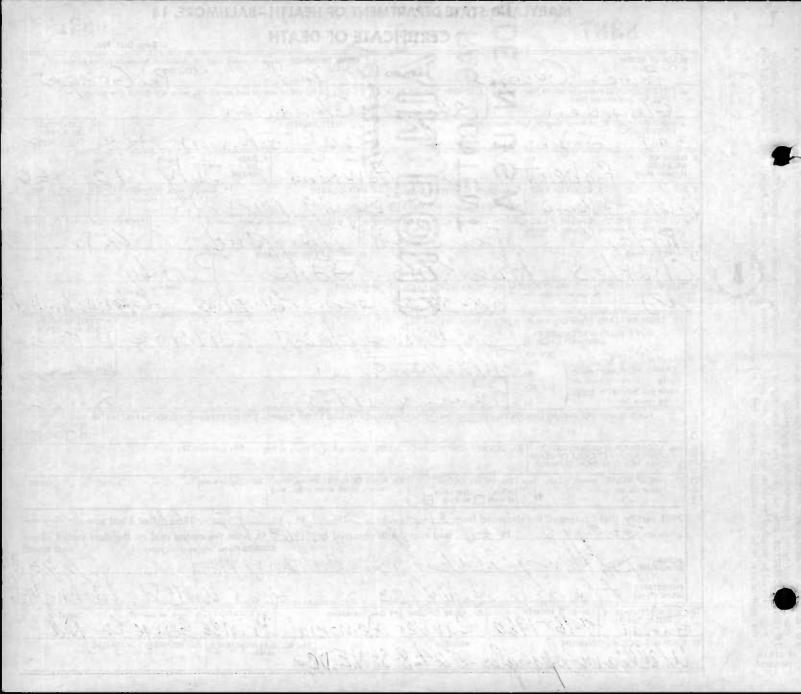
08317

1. PLACE OF DEATH o. COUNTY Prince G	90709		MARYLAND	2. USUAL RESI		Prince	b. COUNTY George	n: Residence be	fore admission)	
	f outside corporate limits	, write c. LE	NGT F STAY IN 16			utside carporote		RAL and give r	nearest tawn)	
Theverl			57Days		Mt Rai	inier			T	
OR INSTITUTION	AL (If not in haspital, gi	ve street addres	ss)	d. STREET A	ADDRESS				e. IS RESIDEN	RM?
Prince	George Gen	eral Ho	spital	3204	Perm	r St.			YES NO	
3. NAME OF DECEASED (Type or print)	First		Middle	Los		4. DATE OF DEATH	Month		Day Year	-
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRT			July AGE (In years	IF UNDER 1 YEA	AR IF UNDER 24	_60 4 HRS.
			-	D. DAIL OF BIRT		1	ost birthdoy)	Months Day	Hours /	Min.
Female	WILLE	WIDOWED		Mar 11	1888	or foreign count	72 yrs.	12 CITIZENI	OF WHAT COU	NITPY2
100. USUAL OCCUPATION during past of work	king life, even if retired)	Lau	indry	La	Sali	le Co	lorad	0	W9,	41611
13. FATHER'S NAME	2. 5	Hul	Mast	14. WOTHER'S	MAIDEN N	AME /	Pa	ank	1	
15. WAS DECEASED EVE	R IN U. S. ARMED FORCE	ES? 16. SOCIA	L SECURITY NO. 17.	INFORMANT	(0	Addre	ss sa	mi c	7 4
(Yes, no, or unknown)	(If yes, give wor or dates of se	rvice)	17	no! In	est	em Os	rich	a	Long	2
18. CAUSE OF DEA	ATH [Enter anly one cau	se per line for	(a), (b), and (c),]	0 0	1 11-		~ ~	II.	TERVAL BETWE	EEN
	TH WAS CAUSED BY:		Carol	hal 1	Asus	nlosis		0	NSET AND DE	KTH 21
227	IMMEDIATE CAUSE (a)		CO NO	ya /	400.	. 400 703			6 W W	-5
シンシ	DUE TO									
Conditions, if o				1-11	1	1	1			
couse (a), stating lying couse last.			Gener	alized	as	lenos	cleros	is	3 yes	3
PART II. OTI	HER SIGNIFICANT COND	ITIONS CONTR	BUTING TO DEATH B	UT NOT RELATED TO	O THE TERMI	NAL DISEASE CO	ONDITION GIVE	N IN PART 1(a)	19. WAS AUTO PERFORME YES NO	ED?
OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCUR	RED. (Enter nature o	of injury in P	art I or Port II o	of item 18.)			
20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Day, Yea	While I		PLACE OF INJURY (factory, street, office			tawn)	(Caunt	(y) (y	(State)
21. I certify the	ot (I) (this hospital)	ottended th	he deceased from	May 17	, 12.	-60 to	ulv 10	19_60	that (I) (we)	last
	sed olive onJ									
220. SIGNATURE	Trames C	1 m	Muney	ATTENDIN	IG _ ME	D	STAFF	,	225/0/	
22c. PHYSICIAN'S	/	/ /		M.D. PHYS.		RECTOR	PHYS.	F	746	20
NAME (Type)	THOMAS	G. M.	ALONEY	481	4-7	1et.AV	E. H	YATT:	SYILLE	M
23a. BURIAL, CREMATIC REMOVAL (Specify)	ON, 236. DATE THEREO	23c.	NAME OF CEMETERY	OR CREMATORY		Colon Colon	N (City, town, o	r county)	(State)	山
24. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS W	1. Raine	7260. REC'	BY REGISTRAR	2Sb. REGIS	TRAR'S SIGNAT	TURE	
Maller	is Tune	ral,	Horne	md	DATE	1 4 '60	and	hur S. The	us.	

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VR A1S (4) 1SM 9/59

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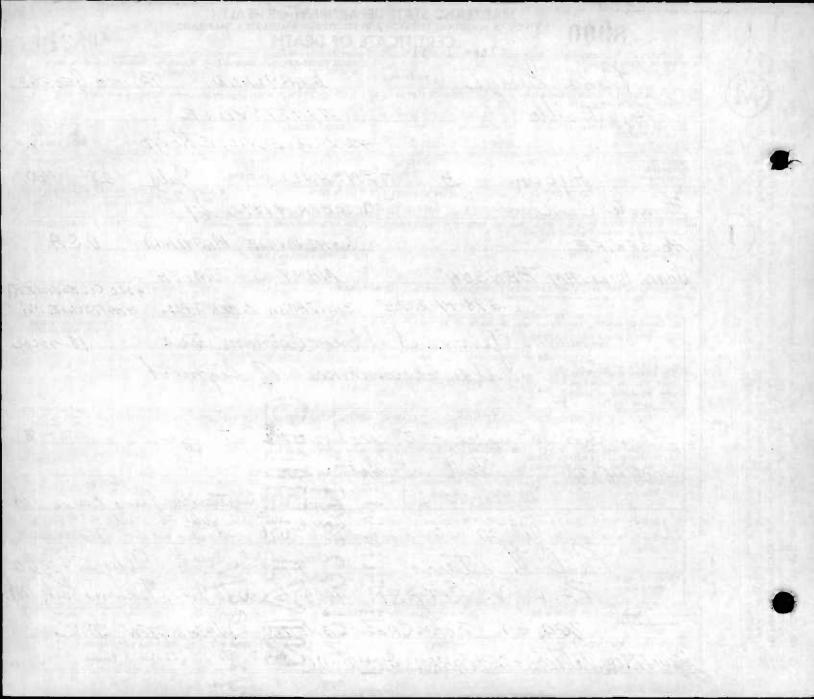
urs after death. Poge 4 director, Then please remove carbon popers. Pages 1 and 2 shauf he ond in any event, within 77 mours offer death.

VR A1S (4) 1SM 9/59

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08319

1. PLACE OF DEATH O. COUNTY MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE BORY AND COUNTY PROCESS OF THE STATE OF TH
b. CITY OR TOWN (If oulside corporate limits, write RURAL and give neares town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION Private Res. (4200 Colesville Road)	d. STREET ADDRESS c. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) HILDA B. Middle	ENSHALL OF DEATH Suly 28 1960
1 4 /	B. DATE OF BIRTH 9. AGE In years IF UNDER 1 YEAR IF UNDER 24 HRS. OCTOBER 141892 9. AGE In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	LAYTONSVILLE MARYLAND U.S.A.
13. FATHER'S NAME JOHN HILLIAM BENSON 15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. IN	14. MOTHER'S MAIDEN NAME / MARY S, SMITH Address 4200 COLESTILLER
(Yes, no, or unknown) (If yes, give wor or dates of service) 578-44-2235	BENJAMIN H. HENSHALL HYATTSVILLE MI
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Level 18. CAUSE OF DEATH (C).	Idenocacinomatosis INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate (b) Adenocarci	noma of Sigmoid
couse (o), stoting the <u>under-lying couse lost.</u> Couse (o), stoting the <u>under-lying couse lost.</u> (c)	
3 Laceration st. eyelrow E	Performed? Output Double Tender of the terminal disease condition given in Part 1(o) 19. Was autopsy performed? Yes No. 20 Double Tender of the tender o
	athroom
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 While of work of work	ACE OF INJURY (Home, form, 201. (City or town) (County) (Stote) ctory, street office bldg., etc.) Hyattsville Panca George Ma
saw the deceased alive an July 27 1960, and that a	death accurred at 2:17. M., from the couses and an the date stated above.
220. SIGNATURE Land of Starr	M.D. PHYS. MED. STAFF July 28 - 1900
NAME (Type) PAUL V. STARK	2 7600 Carroll ave. Takoma tack, Me
230. BURIAL, GREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY O BOCIC CRE 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	R CREMATORY 23d. LOCATION (City, town, or county) (Stote) EK GEMETERY 25d. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
J. arthur Walters - 254 CARROLL ST.	NW-D. BATE AUG 1 '60 arthur S. Kraus



CERTIFICATE OF DEATH

08320 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Prince Geo	orge '	S MARYLAND	2. USUAL RESIDENCE (a. STATE Mary	3335			George admission)	5
b. CITY OR TOWN (I RURAL ond give no Beltsv	outside corporate limited rest town) ille, Md	ts, write	c. LENGTH OF STAY IN 16 7 years	c. CITY OR TOWN (If outside cor		RURAL ond give	nearest town)	
d. NAME OF HOSPIT OR INSTITUTION 11038 Mo	ntgomery	ive street	oddress)	d. STREET ADDRESS		y "oad		e. IS RESIDENCE ON A FARM YES NO	45
3. NAME OF DECEASED (Type or print)	Tressie	st	Middle Estella	Lost Holmes	4. DATE OF DEAT			Day Year L960 19	
s. sex female	6. COLOR OR RACE white	7. MAR	RIED MEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	1880	9. AGE (In years last birthday) 80 yrs.	Months Da	EAR IF UNDER 24 I	
10a. USUAL OCCUPATION during most of work House	king life, even if retired)	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (SM Missour		country)	U S	OF WHATCOUN	TRY
13. FATHER'S NAME Sylva	nus Mayfie	eld		14. MOTHER'S MAIDE	e Murp	hin			
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16.		informant arles Holmes	s Bel	tsville,	Maryla	and	V
Conditions, if o gove rise to i cause (o), stoting lying cause lost.	the <u>under-</u>	A	rterio-,	selerolic	; H.	eart,	kpan	,	
ICATIC		DITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TE	RMINAL DISE	ASE CONDITION GI	VEN IN PART 1(PERFORMED YES NO	7
200. ACCIDENT WA	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury	in Port I or P	ort II of item 18.)			
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	While		LACE OF INJURY (Home, footory, street, office bldg.,		ity or town)	(Cour	nty) (Si	tote
21. I certify of olive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at lottended the	decease.	and that death	n occurred at 7/		of the couses or (Street, city or town,	d on the d	sow the deceo ate stated abo DATE SIG	ove
220. BURIAL, CREMATIC REMOVAL (Specify) Burial)F	72c. NAME OF CEMETERY OF Ft. Lincoln	OR CREMATORY	11	ATION (City, town, mar Mano		(Stote)	
23. FUNERAL DIRECTOR F. Gasch's		Hya	ADDRESS ttsville, Md.		EC'D BY REG		STRAR'S SIGNA		

urs after death. Page 4 in by the funeral and 2 should be £ Pages 1 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 AL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled Then please remaye carban papers. in any event within 72 page 3 shauld be detached far use as the burial-transit permit. the registrar prior to burial, cremation, ar remaval, and in any ained by the haspital ar attending physician. TO FUNER VS A1S (4) 15M 9/5B

director

NATIONAL ARMITATOR	innigens and	1,00,100	O sonial
	ist inlarvation that	grant V years	deltaville, td
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	Amely was grave	2.2.7	
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11 66 54			

. a.s.s.... 25, 248.

CERTIFICATE OF DEATH il director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND the funeral should be fi b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY QR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town e9 2 d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS OR INSTITUTION NAME OF First 4. DATE DECEASED Fille (Type or print) DEATH 5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED AGE (In years lost birthday) B. DATE OF BIRTH DIVORCED [WIDOWED | papers. yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (State or foreign country) during most of working life, even if retired)
House Wife Pa. Own Home ond uo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME offe 72 hours ofte physician Isaac Labarre Mary E. Grier 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Husband) Mr. Hoover Same as # attending No. No None CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] a PART I. DEATH WAS CAUSED BY: DUE TO b permit. Conditions, if any, which (6) been signed gove rise to immediate Arteriose leposis DUE TO couse (o), stoting the underpuo lying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) certificate 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc. q. fl. While Not while ot work ot work p. m. 21. I certify that I attended the deceased from 1900 that I last saw the deceased tached burial, and that death occurred at 2 M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) det DIRECT ACTUAL shauld PHYSICIAN'S NAME (Type) m 220. BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) aBod BREMOYAT (Specify) Pittston Cemetery Pittston

ADDRESS

Hyattsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. Na

e. IS RESIDENCE

ON A FARM2. YES NO

Year

19

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stote)

DATE SIGNED

(Stote)

Pa.

24b. REGISTRAR'S SIGNATURE

Circling S. Kraus

240. REC'D BY REGISTRAR

DATE JUL 5

12. CITIZEN OF WHAT COUNTRY?

Days

U.S.A.

(County)

death. within certificate death o TO FUN VS A15 (4) 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

F. Gasch's Sons

BUTHCATE OF DEATH	
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	3 463
The state of the s	enicialitation and atmosa. A

ASYLAND STATE DEPARTMENT OF HEALTH-BASIMORE, 18

VS A1S (4) 15M 10/S7

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No.	/

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Ceritur & Thous

L	8389	CERT	IFIC/	ATE OF DEATH		Reg. Di	st. No.
1.	PLACE OF DEATH O. CONNTY RINCE (FEORGE	MAR	YLAND	2. USUAL RESIDENCE (Who o. STATE		institution: Residen OUNTY	ce before admission)
1	b. CITY OR TOWN (If outside corporate limit RVRAL and give neorest town)	Hyr:		c. CITY OR TOWN (IF or	utside corporate limits,	write RURAL ond	give nearest town)
	d. NAME OF HOSPITAL (IF not in hospital, gi OR INSTITUTION HEART	HOME-		d. STREET ADDRESS	\$ 58. N	E.	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	RY		HORAK	4. DATE OF DEATH	Month Z-	Day Yeor /2 - 19 Co
1	SEX 6. CONOR OR RACE WHITE	MARRIED NEVER MARR	ED 🗆	8. DATE OF BIRTH	9. AGE (III	yrs. Months	Days Hours Min.
L	a. USUAL OCCUPATION (Give kind of work of during most of working life, even if retired)	HOUSEW	13 mm	- I-R	E/ANO) 12. CIT	U.S.A.
L	JOHN OHAN WAS DECEASED EVER IN U. S. ARMED FORCE	CESS ILA COCIAL CECLIBITY MI	2 17 8	14. MOTHER'S MAIDEN N	1 Dow	D	
(14	(If yes, give war or dates of se	NONE	5	ACRES HEA	RT Hone	Address - Hy	ATTSVILL
	18. CAUSE OF DEATH [Enter only one cou PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(1011100		HROMBOS	115 C		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate (b).	MYOCAR.	D11.	AL IN FA	RCTION	/	41 his
z	cause (a), stoting the <u>under-</u> DUE TO lying couse lost.	Arterio	rcl	erotro He	act De.	sease	15 year
FICATION	PART II. OTHER SIGNIFICANT CONE						PERFORMED? YES NO
CAL CERTIF	(IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY C				18.)	
MEDIC	20c. TIME OF INJURY Manth, Doy, Yea Hour a. m. p. m. 19	Vhile Not while of work of work	foc	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.)	20f. (City or tawn)	(0	County) (State)
	21. I certify that I attended the alive an	1-0	death			uses and on th	ast saw the deceased ne date stated above DATE SIGNED
	ACTUAL SIGNATURE STORMASS. PHYSICIAN'S THOMAS	J' Chillins		w.b. 322	+ + 81	NZ	
220	NAME (Type) BURIAL, CREMATION, 22b. DATE THEREOF	110 00 0		R CREMATORY	22d. LOCATION (CRy,	town, or county)	(Stote)
23.	FUNERAL DIRECTOR'S SIGNATURE	GO MT. O	72	A 5 240. REC'D	BY REGISTRAR 246	o. REGISTRAR'S SIG	NATURE

CENTRICATE OF DEATH
CAPETER SERVICE CONTRACTOR OF THE CONTRACTOR OF

FOR STATE MEDICAL EXAM PLACE OF DEATH a. COUNTY Page slay is necessary, neral director. Page Prince George of Year b. CITY OR TOWN (if oulside corporata limits, c. LENGTH retained for your write RURAL end give nearest town) Cheverly State Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitet, give str Georges General Hos death. NAME OF DECEASED the 3 to the (Type or print) Sarah 9 Fran 6. COLOR OR RACE 7. MARRIED NEVER S. SEX Female: White WIDOWED X 10a. USUAL OCCUPATION (Giva kind of work 1Db. KIND OF BUSIN dona during most of working life, even if relired) EXAMINER: This certificate should be executed within 24 hours a sate, writing the word "pending" in pencil in Item 18. Give Pages 19 po to the property of the certificate, writing the word "pending" in pencil in them to, curve reserve the secure the certificate, writing the word "pending" of the pencil to the Chief Medical Examiner's Office along with form PM3. Pag 4 should be used as a burial-transit permit. File pages 1 to punesal. DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1. Housewife 13. FATHER'S NAME Edwin Muse 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SEC (Yes, no, or unkown) | (If yas giva war or delas of servica) None 18. CAUSE OF DEATH [Enter only one cause par lina for (e), (b) I. DEATH WAS CAUSED BY: Congest DUE TO Cardiova Conditions, if eny, which (b) gava risa to immadiate cause DUE TO (e), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATION Diabetes 2Da. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 2Db. DESCRIBE HOW INJ CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCC Hour a.m. Not Wh at work at wor 21. I certify that I took charge of the remains descri MEDICAL death resulted from: Natural causes Accide ACTUAL SIGNATURE EXAMINER'S NAME (Type) James I. 22a. BURIAL, CREMATION, 22b. DATE THEREOF Ā Biff Pat (Specify) July 25, 1960 Holy 23. FUNERAL DIRECTOR VS. A15ME Gasch's Sons Hyattsvill 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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	2. USUAL RESIDER		b. COUN	ITY_	
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L SIAT IN ID	10			KUKAL end give	nearest town;
		Pleasant	t		
eddress)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
ital		ote Stre			YES NO
ile	Last	4. DATE OF	Month	Dey	Year
88	HORSMAN	DEATH	July	22	1960
WHITE	DATE OF BIRTH	9. 4	GE (In years ast birthday)	Months Deys	Hours Min.
	12 Oct. 18	589 7	yrs.		
S OR INDUSTRY	11. BIRTHPLACE (SIE	e or foreign countr	γ)	12. CITIZEN C	OF WHAT COUNTRY
	Missouri			U.S	.A.
	14. MOTHER'S MAIDEN	NAME	183		
15.0000	Mary Ja	ane Hanl	kins		
TY NO. 17. II	VFORMANT		Address	To Good W	
Fra	nces Arno	ld (Dau)		
nd (c).]					TERVAL BETWEEN
				OI	NSET AND DEATH
ve nea	rt failur	e			
malun	renal dis	PARE		79.0	
00.200					
DEATH BUT NOT	RELATED TO THE TERM	INAL DISEASE COL	NDITION GIV	EN IN PART I/a)	10 WAS ALITORSY
<u> </u>	KEEKTED TO THE TERM	INAL DISEASE CO	INDITION GIV	ELA HATAKI 1(0)	PERFORMED?
Conclusion (F		41 0 41 63	10.1		YES NO
OCCURED. (E	nter nature of Injury In Pa	art I or Part II of Ile	m 18.)		
	E OF INJURY (Home, fairly, street, office bldg., at		lown)	(County)	(Stata)
d above, hel	d an Autopsy	Inspection [Inquir	y and	in my opinion
, Suicio	de . Homicide	Under	ermined m	anner 🗍	
	CHIEF MEDICAL	EXAMINER			
land	A CCICT ANT ME	DICAL EXAMINER			DATE SIGNED
The	M.D.	AL EXAMINER XX			
V				uly 23,	1960
CEMETERY OR		city, town, or cou			(Slete)
	Cemetery	Collin		Maryla	
		C'D BY REGISTRAR	9		
MA		UL 26'60		Thun S. Kra	
e, Md.	DATE	ar room	1	A. 1000	

Cheverly					4.5.5
Prince Georges General Hospinal 5315 Foote Street 580	agraal eenler	5nn Lynn N	- Savage	ograed soni	
Some Frances North July 22 060 Fonels White M. 10 Cot. 1880 72 Housewife Hone Frances Arnold (Pau) 10 None Frances Arnold (Pau) Cardioviscular renal disease Diabetes Nather Strange		Seet Pleasant	Å.	yIne	-10
Fomele: Mnite x 10 00%, 1680 72 Homewife Hiespiri Wary Jane Hending 10 None Frances Arnold (188) Cardioviscular renal disease Diabetes X x		5315 Foote Street	Carignon Inc	Cecreta Cent	Prince
Housewife Massuri U.S.A. Edwin Musc Mary Jane Honding To None Frances Arnold (Dau) Congrestive heart foilure Cardioviscular ronal disease Diabetes The state of	0877 38	viot Managem	Sacura	(SEE	
Edwin Musc To None Prences Arnold (Pau) Congestive heart failure Cardioviscular renal disease Dishates X x		ic cot. iday - 72	2 1	Nhite	Fonsie
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July 27, 1960					
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	CONTRACTOR AND		570	James I.	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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00	104		CERTIFIC	CATE	OF DEA	TH				
1. PLACE OF DEATH o. COUNTY Prince (leorge		MARYLAP		usual RESIDENCE o. STATE Marylar		b. COUNTY		before odr	mission)
b. CITY OR TOWN RURAL ond give	(If outside carporote lim nearest town)	its, write c. L	ENGTH OF STAY IN	1b			prote limits, write R		ve nearest t	own)
d. NAME OF HOSP OR INSTITUTION	TAL (If not in haspital,		ess)		d. STREET ADDRE		I.O.		10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Thomas	THE RESERVE TO STREET	Middle	н	uddlestor	4. DATE OF	July	nth	Day	Yeor 19 6
5. SEX		7. MARRIED	NEVER MARRIED DIVORCED	8. D	July 6,	1903	9. AGE (In years last birthday) 57 yrs.		YEAR IF UI	NDER 24 HR
10a. USUAL OCCUPAT during mast af wa	ON (Give kind of wark rking life, even if retired ESMAN)	of BUSINESS OR II	NDUSTRY		Stote or foreign of Virgin			S A	AT COUNTRY
13. FATHER'S NAME UNKNOW	n			1.	Elizabe		r			
1S. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or dates of the control of	CES? 16. SOCI		17. INFOR	nore L H	uddlest		rsity	Park	, Md.
Conditions, if gave rise to cause (o), stating lying cause last	the under-	el-	rebiala	afl		clero			142	AZ
20a. ACCIDENT W	HER SIGNIFICANT CON LACID ACLES TAS UNDERLYING CON CONTROL CAUSE OF DEATH	かんこ	/ / .	L, de	for .	120		VEN IN PARI	PEI	RFORMED?
20c. TIME OF INJU Hour o. m.	Y MEDICAL EXAMINER) RY Manth, Doy, Ye 19	While	Not while_	e. PLACE foctory	OF INJURY (Home, , street, office bldg	form, 20f. (Cit	y or town)	(Co	ounty)	(Stot
saw the deced	at (1) (this haspita used alive an Ju) attended y 11	the deceased from 19 60, and the	am M	h accurred at.	1957 to 3:25 Pfram	July 11 the causes ar	19 6 nd an the	that (I	l) (we) la ted abave
220. SIGNATURE	1. 6	en: a	in	M.D.		MED. DIRECTOR		rely 11	/ (22b. DATE SIGNE
22c. PHYSICIAN'S NAME (Type)	Dr. 111 B	ergman,	M•D•		22d. ADDRESS	14 (eli	tin St.	The	svill grade	e, md
23a. BURIAL, CREMATI REMOVAL (Specify Burial	July 14,		Ft Linco				ar Manor		()	State)
24. FUNERAL DIRECTO	14	yattsvi	ADDRESS		25a.	REC'D BY REGIS		ISTRAR'S SIG	NATURE There	

urs after death. Page 4 the attending physician and campletely filled in by the funeral director. Then please remave carban papers. Pages I and 2 shauld be filed with TO HOST ALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may bained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 of the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death. VR A1S (4) 1SM 9/S9

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0	100	Item 2	CENIG 26	6 8 - 8 - 6	10					
1. PLACE OF DEATH	101			2. USUA	L RESIDENCE (W	here deceased	lived. If instituti	on: Residence	before admi	ission)
o. COUNTY	ce De	30 R 6	CS MARYLAN	ND PAST	ARY4AN	D D.C.	PREINCIA	# GBdo	05.48	
b. CITY OR TOWN (I	f outside corporate limi	its, write c. LE	NGTH OF STAY IN	1b c. C/1	Y OR TOWN (IF	outside corpore	ote limits, write R	URAL ond give	e nearest to	wn)
RURAL and give no	SVII LE		3 uns 7 mg	1.8	19919F1	wasning //////	MRITI	171919	PIFI	47x=
d. NAME OF HOSPIT	AL (If not in hospital, g	give street oddre	11)	'd: sf	REET ADDRESS 5	1928 6	onnectio	ut Ave	e. IS RI	A FARM?
CAPI	OLL M	ANOL	PANITITA	9RIUMLin	3/40/5/	FRILIE	1419 A14	HFEIA	YES [□ NO 🖾
NAME OF DECEASED	Fir	rst	Middle	,	Cost	4. DATE	Mon	ith	Day	Yeor
(Type or print)	70	RESA	MAS	, h	IUSTED.	OF DEATH	JUL		26	19 60
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED [B. DATE C	F BIRTH &		9. AGE (In years lost birthdoy)	Months De	YEAR IF UNI	
F	W	WIDOWED 🔁	DIVORCED [15-62		9 / yrs.	91		
Oa. USUAL OCCUPATION during most of worl	ON (Give kind of work king life, even if retired		OF BUSINESS OR IN	NDUSTRY 11. E	IRTHPLACE (Stote	e or foreign co	untry)	12.CITIZE	N OF WHAT	COUNTRY
NON	É			121.110	rela	nd		121.	1	4
3. FATHER'S NAME	mn	/		14. MO	THER'S MAIDEN	NAME ()	00			
S. WAS DECEASED EVE	17 10 11	CEES IV COCK	AL SECURITY NO. 1	7. INFORMAN	ARY	7 al	Add	PACC		
Yes, no, or unknown)	(If yes, give war or dates of s		. 41 49	7 A	m	0	40.	77 4	1 1	10. P.
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Conditions, if o gove rise to i couse (o), stoting	mmediote (TERIO	SLE	ROTIC	HE	FARTU	ISEA.	E 12	yea
Z PART II. OTH	HER SIGNIFICANT CON	,	RIBUTING TO DEATH	BUT NOT RELA	ATED TO THE TERM	MINAL DISEASE	CONDITION GIV	VEN IN PART 1	(o) 19. WA	S AUTOPS'
Š									1] NO [
(IF EITHER, NOTIFY	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCU	URRED. (Enter n	oture of injury in	Port I or Port	II of item 1B.)			1/3
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye			e. PLACE OF IN	NJURY (Home, far.	m, 20f. (City	or town)	(Co	unty)	(Stot
Hour o. m.	19		Not while of work		i, cities etagi, ci		A		Legr.	
21. I certify the	at (I) (this hospita	J) attended t	he deceased fro	om SEP	148 3	248 ta	July 26	2 1966	that (I)	(we) la
saw the decea		. 11 41	[-/]	at death ac	curred a	M, from	the causes ar	nd an the a	date state	ed abav
220. SIGNATURE	James 7	10,00	0.		ENDING	MED.	STAFF			22b. DATE SIGNE
22c. PHYSICIAN'S	11100-1	- CREE	11-0	M.D. PHY	ADDRESS	DIKECTOR [PHYS.			
NAME (Type)	THOMA	5 t, (BLLIN	15	322	H	AN.	E		
30. BURIAL, CREMATIC		OF 23c	. NAME OF CEMETE	RY OR CREMAT	ORY	23d. LOCAT	ION (City, town,	or county)	(S)	tote)
BURIAL Specify	7-29-1	960 G	LEN WOO	D L'EMI	ETERY	WASI	HINGTON	,DC	•	
4 FUNERAL DIRECTOR	'S SIGNATURE	10	ADDRESS	7 10	250. REC				ATURE	
410. Do	unteres x	Lous Va	17560	ant	DATE	UL 29'6	4	rthur S. 1	Claud	

VR A15 (4) 1SM 9/59

The state of the s CONGESTIVE PERRY FRIEDRE BLES PIRTERIOSLERETIC HEBRITHSTONE TESPEN July to Sept 45 45 golden co France & Callins THOMAS FORELING TRATH OF ME

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

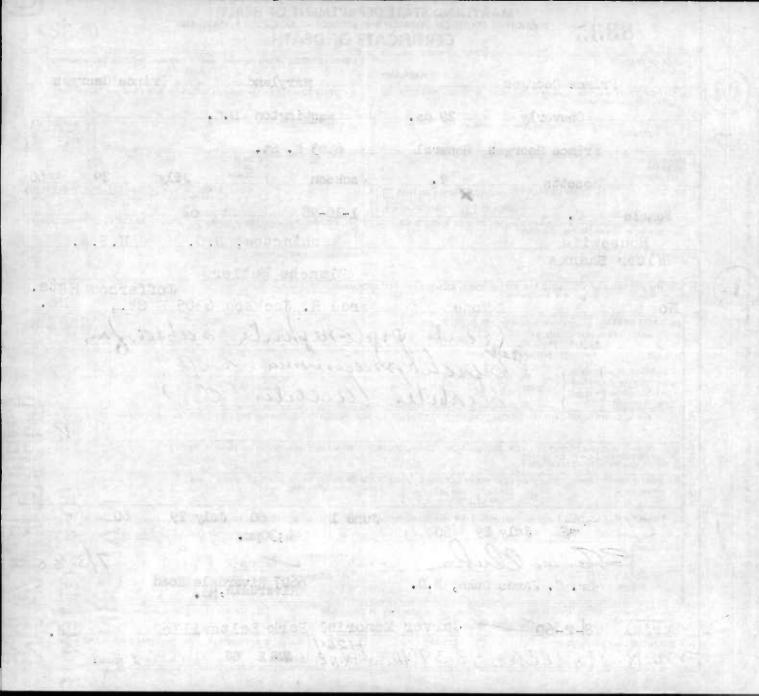
08327

	CERTIFICATE OF DEATH	
Ī	o. COUNTY MARYLAND o. STATE	e deceased lived. If institution: Residence before admission) b. COUNTY
-	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)	ide corporate limits, write RURAL and give nearest fown)
F	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) d. STREET ADDRESS d. STREET ADDRESS	le. IS KESIDENCE
	Prince Georges General 6503 K. St.	ON A FARM?
3	3. NAME OF DECEASED First Middle Last 4.	OF Month Day Year
5	S. SEX COLOR OR RACE 7. MARRIED B. DATE OF BIRTH B. DATE OF B	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HI
_	Female C WIDOWED DIVORCED 1-10-98	lost birthdoy) 62 yrs. Months Days Hours Min
1	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPIACE (Stole or during most of working life, even if retired) Housewife Washingto	
1	13. FAWELTEE Shanks 14. MOTHER'S MAIDEN NAM	ME D. D. D. A.
-	Is. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	
1	(Yes, no. or withown) (If yes, give wor or dates of service) None Fred R. Jack	referson Hgts.
	18. CAUSE OF DEATH [Enter only one couse per life for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if only, which gove rise to immediate couse (o), stating the under-lying couse lost. DUE TO (c) Lauture (c)	to abscert and death
1012.	PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOP PERFORMED? YES NO
2140-0	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port	t I or Port II of item 1B.)
140100	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work 19 of work 10 ot work 19 of	20f. (City or town) (County) (Sto
	21.1 certify that (I) (this hospital) attended the deceased from June 1	0, to July 29 , 160, that (I) (we) to
	220. SIGNATURE	CTOR STAFF 7/33/6 0
	22c. PHYSICIAN'S 22d. ADDRESS 607 P	iverdale Road
	NAME (Type) Dr. C. James Duke, M.D. River	dale, Md.
2	23g. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23	Beltsville Md.

TO HOS ALOR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 years after death. Page 4 may it cannot by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director.

1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARCHINE MEDICAL EXAMINER'S CERTIFICATE OF DEATH L PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Prince George's elay is necessary, caneral director. Page a. STATE Maryland b. COUNTY Files. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) Vour Chever Ty Dead on arrival Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2828 Potes Street Prince George's General Hospital YES NO PA NAME OF Middle 4. DATE DECEASED 2, and 3 to the the Jasper Flemming Johnson July 60 (Type or print) DEATH 19 2 with th 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. age 5 may and 2 will birthdey) Months Days Hours WIDOWED DIVORCED MEDICAL EXAMINER: This certificate should be executed within 24 hours after 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? in pencil in Item 18. Give Pages 1, 2 Office along with form PM3. Page ourial-transit permit. File pagas. I and Chaulfeurs Hauling hin 13. FATHER'S NAME 16. SOCIAL SECURITY NO. | 17. INFORMAN (Yes, no or unkown) | (If yes give wer or dates of service) Office along with burial-transit permi 1B. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute congestivem heart failure IMMEDIATE CAUSE (a) DUE TO removal, Coronary insufficency, atherosclerosis Conditions, il any, which "pending" gave rise to immediate couse 60 Examiner's DUE TO (a), stating the undarlying 88 Cardiovascular renal disease 9 cause lest. pesn PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? 3 the word NO Medical pinous 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. execute the certificate, writing Chief age 3 s 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, Month, Dey, Yeer 201. (City or town) (County) (State) lactory, streat, office bldg., etc.) Not While should be forwarded to the FUNERAL DIRECTOR: Pa at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy. Inspection and in my opinion Natural causes death resulted from: Suicide Homicide Undetermined manner Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER James Boyd NAME (Type) Addrass (Streat, city, town, or county) please 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATOR 22d. LOCATION (City, town, or country) (Stata) TO DI MMOVAL (Specify 40 REGISTRAR'S SIGNATURE VS. A15ME arthur & Kraus 5M 7/59

San Everale rlangan annig Sent on arrivel ferina no beat Chavery, The contract of the c Prince George's denoral Mostital FS28 Force Street V- 1 - 1 goodol animber tecasi. benefed | eint 36/25/23 36 ETVO TEMENO Attack de D M annul Stalls & Bankard The section Acute consestives heart farming Coronary Lacutilionary, attampositoreach benealb fague enfocastofore.

U-1 & & State

Logo I. Poyd

7/25/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND

CERTIFICATE OF DEATH

(18329

8337 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY g. STATE b. COUNTY MARYLAND Prince Georbes Maryla nd Prince George b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) pe RURAL and give nearest town) shauld Cheverly Adelphi hr IS RESIDENCE d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION ON A FARM? YES NO NO 2302 Metzerott PrinceGeorges General Hospital pue NAME OF DATE Month Year Day DECEASED Bradley Pages 1 death. (Type or print) DEATH Robie 1960 Johnson July 9. AGE (In years lost birthday) 5. SEX 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months Dovs Hours DIVORCED [WIDOWED | White yrs. papers. Female 井 0a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? haurs during most of working life, even if retired) Housewife self Own Home US Murray Kentucky A Pon 72 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Car James Bradley Ophelia Douglas with remave 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO Address dates of service) Earle B Johnson Washington no edse 1B. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: pup DUE TO aval, permit. Canditians, if any, which gove rise to immediate DUE TO couse (a), stoting the underlying couse last. burial-transit 20 CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? crematian, YES NO T 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) the burial, WEDICAL OS 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day. Year 20d. INJURY OCCURRED (County) (State) use factory, street, affice bldg., etc.) 0 m While Not while 0 at wark at wark n m far prior 21. I certify that (1) (this hospital) attended the deceased from. that (1) (we) last detached (DO, and that death occurred of DAM Health sow the deceased alive on from the causes and an the date stated above. 22o. SIGNAZUR 22b. DATE SIGNED ATTENDING DIRECTOR T M.D. PHYS. PHYS. 22c. THYSICIAN'S 22d. ADDRESS 3 shauld NAME (Type) 23h DATE THEREOF 23c. NAME OF CEMETERY OR GREMATOR 23a. BURIAL, CREMATION. 23d. LOCATION (City, town, ar county) page the Sto Burial (Specify) 7/26/60 Charlottsville, Virginia Riverview Cemetery 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE F. Gasdh's Sons Hyattsville, Md. arthur S. House DATEAUG 15M 9/59

director, funeral 20 filled campletely oud physician attending the py been signed attending physician. has certificate 50 After this haspital by the DIRECTOR: FUNERAL 0 VR A15 (4)

be executed within 24

certificate

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ATTENDING PHYSICIAN: The law

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8294 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

Reg. Dist. No. 8330

1. PLACE OF DEATH	ince Geor	ge		MARYLAND	2. USUAL RES		here deceased yland	lived. If institution b. COUNTY	on: Residen	ce before	odmiss Ge 01	rge
RURAL and give n	(If outside corporate limited rest town) ge Park	ts, write	LENGTH C	F STAY IN 16			outside corpor ge Pa:	ote limits, write R	URAL and g	give near	rest town	n)
d. NAME OF HOSPI OF INSTITUTION 5927 Be	ITAL (If not in hospitol, g	ive street od	ldress)		d. STREET		rwyn 1	Road		•		FARM?
3. NAME OF DECEASED (Type or print)	James	'sî	A	Middle	JONES	ost	4. DATE OF DEATH	July	th	6 Day		Year 19 60
5. SEX Male	6. COLOR OR RACE	7. MARRIE		MARRIED	Feb. 8	тн 5, 1 88	-1	9. AGE (In years lost highday) yrs.	Months	Days	Hours	ER 24 HRS. Min.
100. USUAL OCCUPATI during most of wor Barbe:	ION (Give kind of work rking life, even if retired	done 10b. Ki	ND OF BUS	INESS OR INDI	Non		aroli			U.S		COUNTRY
	E. Jones				14. MOTHER	Edie		KNOWN				
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		OCIAL SECUI	RITY NO. 17.	INFORMANT	, Eare		Addr				
NO NO	(If yes, give war or dates of s	57	8-03-	-0756	Alich	J Joi	nes (Wife)	sam	e a	8 #	2
Conditions, if a gove rise to couse (o), storing lying couse lost.	immediate DUE TO	, C1	BRON EREB ENER	CHOPM ROVASO ALIZE	EN MONINGEN LES	THRO	SCLE	280515	FN IN PART	3 3	DA M	0NIH!
PART II. OT	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	IBE HOW IN	JURY OCCURR	ED. (Enter nature	of injury in I	Part I ar Port	II of item 18.)				NO [
_	RY Month, Doy, Ye	or 20d. INJ While at work	URY OCCUR Not while of work	f	LACE OF INJURY actory, street, offi	(Home, formice bldg., etc.	20f. (City	or town)	(0	ounty)		(State)
alive onS	Henry R W	deceased , 19 Ger W.R olfe		d that deat		t_5_A	M, fram	the causes a set, city or town,	nd an th		e state	
220. BURIAL, CREMATIC REMOVAL (Specify	7- 8-19		TO NAME !	of CEMETERY C	OR CREMATORY		Bla	ION (City, town, o	vzej	m	(Stot	er
23. FUNERAL DIRECTOR	R'S SIGNATURE CONTROLLED	30. Fa) ADDRESS	lay, 4	and.	240. REC'I	D BY REGISTI		TRANS SIG		E	

VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1.	PLACE OF DEATH	L. Station			A BOOK			JAL RESIDENCE	(Where de	ecease				ence befo	re admis	sion)
	-	ce Georges			MARYL	AND	a	STATE	D. C.		Ь.	COUNTY			V	
		f outside corporate limi	ts, write		GTH OF STAY II		с. (CITY OR TOWN	(If outside	corpo	rote limit	s, write	RURAL and	give ne	arest tow	n)
1.	Glenn Dal	/ - 1		23	month a	and			Washi	ing	ton	1	4	7 X	-	-
	d. NAME OF HOSPIT	AL (If not in hospitat, g	ive stree	-			d.	STREET ADDRES			70		-			SIDENCE
3	OR INSTITUTION	Glenn Dale	Hos	pital			150	10	1840	L.	St.	N.	E.			FARM?
3.	NAME OF	Fir	st		Middle		0500	Last	4. D			Мо	nth	Do	ly	Year
L	(Type or print)		May		-	- 5	10 19	Jones	D	PEATH		7		11		19 60
5.	SEX	6. COLOR OR RACE	7. MA	RRIED 🔲 I	NEVER MARRIED		B. DATE	OF BIRTH			9. AGE	(In years irthdoy)	IF UNDE Manths		-	ER 24 HRS.
	Female	Negro	WIDO	WED 🔽	DIVORCED			5/30/00)		60	yrs.		Doys	Hours	Min.
10	during most of work	ON (Give kind of work king life, even if retired	done 10	b. KIND OI	F BUSINESS OR	INDUS	TRY 11	BIRTHPLACE (S	tate or for	eign c	ountry)	193	12.CI	TIZENOF	WHAT	OUNTRY
	Unknown	ang me, even il remed		Unkr	nown			North	Caro	oli	na			USA		
13	FATHER'S NAME						14. N	OTHER'S MAIDE						0.012		UTIALI
	Richard N	Tr [oo]						Maggi	o Dov	olen						
15		R IN U. S. ARMED FOR	CES? 1	6. SOCIAL	SECURITY NO.	17, IN	FORMA		e bai	IKS		Ado	dress	-		
(Y	No. or unknown)	If yes, give war or dates of s		None			Dage	edent								
H		THE COLUMN TO TH					Dece	edello		-				Liver		
		TH [Enter only one co TH WAS CAUSED BY:													ERVAL BE	
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	Conditions, if a)													
	gave rise to it															
	lying couse last.	(c)							-						
NO	PART II. OTH	IER SIGNIFICANT CON	DITIONS	CONTRIB	UTING TO DEA	TH BUT	NOT RE	LATED TO THE TE	ERMINAL D	ISEAS	E CONDI	TION GI	VEN IN PA	ART 1(o) 1	9. WAS	AUTOPSY DRMED?
HCAT!	Pulmonary tectomy,	tuberculos											mas-			NO 🗆
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HO	OW INJURY OC	CURRED	. (Enter	nature of injury	y in Port I	ar Par	t II of ite	m 18.)	00	02	X	
18	20c. TIME OF INJUR	Y Month, Doy, Ye	or 20d.	INJURY O	CCURRED	20e. PLA	CE OF	INJURY (Hame,	form, 20f	f. (City	or lown)		(County)		(Stote)
MEDICAL	Hour a.m.	19	White at w		t while work	fact	tary, str	eet, affice bldg.,	, etc.)							
	21. I certify tha	t (I) (this haspital) atter	nded the	deceased f	rom	5/18	}	160 .	.ta_	7.	/11_	. 196	0 . th	at (I) ((we) last
	saw the deceas		/11					occurred at_	1 15							
	220. SIGNATURE	1		A	SESC. 7 GITG 1	mar a		Accorred dr_	The de Control	T OIL	1110 00	0363 (1	10 011 11	ile daile		b.DATE
		Muse	4	un	/	A	A.D. PH	TTENDING	MED. DIRECTO	OR 🔀	STAFF				7/1	1/60
Н	22c. PHYSICIAN'S NAME (Type)	Moe W	oiee	M	n		22	d. ADDRESS		Gl	enn l	ale	Hosp	ital		
		TIOC W	CTOO	9 11.	ν•	680				Gl	enn]	Dale	Md.			
23	a. BUPLAL, CREMATIO	N, 234. DATE THEREC)F	23c. N	AME OF CEMET	TERY OF	CREM	ATORY	23d.				or county		(Stat	te)
		July 1	2,6		rmony			ark	- 4	She			oad,			
24	FUNERAL DIRECTOR	S SIGNATURE	1	AD	DRESS WA	eline	Carp	0	REC'D BY			Sb. REG	ISTRAR'S	SIGNATU	RE	
L	Nall	Bros	/	6	21/	loke	do	HOM DAIL	UL 14	'60		an	hun S.	Kraus	TO L	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8366 CERTIFICATE OF DEATH Rea. Dist. No with director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived: If institution: Residence before admission) filed o. COUNTY b. COUNTY the funeral should be fil b. CLTY OR TOWN (If outside corporate limits, write. c. LENGTH OF STAY IN 16 c. CITY, OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) O. NAME OF HOSPITAL (If not in haspital; d. STREET ADDRESS PX 4. DATE NAME OF Middle Last DECEASED filled DEATH Poges (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. completely Months DIVORCED | WIDOWED M /yes popers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? deoth during mast af working life, (even if retired) puo corbon after certificote be 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion remove 15. WAS DECEASED EVER IN U. 3. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address war or dates of service) 72 offending pleose 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o **DUE TO** þ hos been signed gove rise to immediate per **DUE TO** cause (o), stoting the underoffending physicion. puo lying cause lost. buriol-tronsit CERTIFICATION PART II. OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY removol, 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port # of item 18.) After this certificote OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 0 foctory, street, office bldg., etc. Hour o. m. While Not while p. m. ot work at work 21. I certify that I attended the deceased fram detoched and that death accurred at 211 ACTUAL

AL DIRECTOR: pe prior 3 should TO FUNER poge the

VS A15 (4) 1SM 9/SB

SIGNATURE

PHYSICIAN'S NAME (Type)

220 BURIAD CREMATION,

REMOVAL (Specify)

22b. DATE THEREOF

PERFORMED? YES NO KI (County) (Stote) 1964that I last saw the deceased M, fram the causes and an the date stated above. ADDRESS (Street, city or tawn, stote) DATE SIGNED 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, county 24o. REC'D BY REGISTRAR MAN REGISTRAR'S SIGNATURE DATE JUL Cuthung S. Kraus

Murc

e. IS RESIDENCE ON A FARM?

INTERVAL BETWEEN ONSET AND DEATH

YES NO IN

Year

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FOR STATE HEALTH DEPT. TO DE TY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the teneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit. He page 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours efter death.

VS. A15ME 5M 7/59 MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 8338 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 18353

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1. PLACE OF DEAT	H				red, If Institution: Resident	ce before edmission)
	ince George	8 MARYLAND	e. STATE	rland b.	COUNTY Drd nos	Georges
b. CITY OR TOWN	(if outside corporete limits,	c. LENGTH OF STAY IN 16				
441			Diatni	at Wateht		
					8	. IS RESIDENCE
						ON A FARM?
Prince	George's Ge	eneral Hospital	7604 A			
3. NAME OF DECEASED	First	Middle	Last	OF		
(Type or print)			KEILL	DEATH J	uly 17	19 60
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED K	B. DATE OF BIRTH			IF UNDER 24 HRS.
Male	White w	IDOWED DIVORCED	Mov 27 7	- 0	Mountal poly	Hours Min.
10a. USUAL OCCUPA	TION (Give kind of work	106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State	or foreign country)		F WHAT COUNTRY?
		Mana	Managara .			
13. FATHER'S NAME		Noue	Mary La	NAME	U	3. A.
			THE TOTAL PROPERTY.		3737 S 5 5	
			N	lancy Gran		
	The RURAL and give nearest town Cheverly ME OF HOSPITAL OR INSTITUTION (if not in nospital), give streat address) IN TOO George's General Hospital IE OP First ON AI THOMAS KETIL DAYID THOMAS KETIL DEATH JULY TO PEATH JULY TO NORTH Address MACHOLIST CAMBE MAC					
No		Mone	Mitchell	Keill	Same as #	2
18. CAUSE OF	DEATH Enter only one cau	se per line for (e), (b), and (c).]			INT	ERVAL BETWEEN
PART I. DEA		Asphysia			ON	DEL WAD DEVIL
1001	4					
Condition	Tay	Smothering in	hed alatha	no		
	diate cause	Dano offer Tite Tit	ped Ground	.ug	-	
	underlying DUE TO				A-11 11 6	
cause last.	1-1					
PART II. OTH	ER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE CONDITIO	N GIVEN IN PART 1(a) 1	9. WAS AUTOPSY PERFORMED?
TV .					1	-
PART II. OTHE	AUSE WAS 20b.	DESCRIBE HOW INJURY OCCURED. (Entar nature of Injury in Pa	ert I or Part II of Itam 18.)		
CAUSE OF DEATH		head wranned	in blanket			
3 20c. TIME OF INJ					(County)	(State)
7:15our a.m.	717/60	While Not While fee	tory, street, office bldg., et	C.) D4 atm4 at		
21. I certify t	that I took charge of th		eld an Autopsy,	Inspection X.	nquiry X, and	in my opinion
death resulted	from: Natural cause	es 🔲, Accident 🔼, Suic	ide, Homicide	, Undetermin	ed manner	
		067	CHIEF MEDICAL	EXAMINER		
ACTUAL	[000000]	Il sond	ASSISTANT ME	DICAL EXAMINER	D	ATE SIGNED
1	Entre Contraction of the Contrac			AL EXAMINER	.Tull v	17. 1960
NAME (Type)	James	I. Boyd, M.D.	Address (Streat,	city, town, or county)	o azj	17, 1900
22a. BURIAL, CREMATI	VI 17	1 / / / / /	1- 77	22d. LOCATION (CITY		
Bural	7-20-19	60 arkmyton	Hauomes	Urlinge	on, virgi	nia
23. FUNERAL DIRECT	DR .	ADDRESS !	24a. RE	C'D BY REGISTRAL 246	. REGISTRAR'S SIGNATU	JRE
W.W.Ch	umbers 6	o. Viverdale	DATE !	1 9 '60	albun & Ka	u.a
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July 17, 196	K.		Ecyl, M.D.	l somoŭ	
L'estate (1)				1	
		C. 1007	TO THE REAL PROPERTY AND ADDRESS OF THE PARTY.		

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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a. COUNTY		Georg						1000		COUNTY		0		
RURAL and g	VN (If autside of ve nearest tawn)	1		IN 1b	c. CITY C				s, write RL	JRAL and	give nea	rest tawn)
OR INSTITUT	ION				1	d. STREE	T ADDRESS							DENCE FARM? NO E
3. NAME OF DECEASED (Type ar print)	1				Y.	Kell		OF		July		10	1	rear 19 60
s. sex Fema									last b	irthday)			Haurs	R 24 HRS. Min.
during most af	PATION (Give k warking life, ev Sewife	ind af work do ren if retired)			R INDUS				cauntry)				WHATC	OUNTRY?
13. FATHER'S NAM		ddell							omer	У				
1S. WAS DECEASE (Yes. no. or unknown)	OEVER IN U. S.	war or dates of ser	rvice)	CIAL SECURITY NO.			W Kell	y P	itts					
Conditions, gave rise cause (a), sto lying couse	DEATH WAS CIMMEDIA if ony, which ta immediate ting the under-	DUE TO (b). DUE TO (c).	kyh	rocare	97 x	CRI	66,00	6 , e cc				ONS	EL AND Hern	DEATH , L
20g. ACCIDEN	T WAS UNDERLING IT CAUSE	YING DEATH	1100	Obster							EN IN PAR	(1 1(0) 1	PERFO	RMED?
Hour o	NJURY Manth, . m.		While _	Not while	20e. PLA faci	CE OF INJUI	RY (Hame, farr ffice bldg., etc	m, 20f. (Cit	ty ar tawn)	(Caunty)		(State)
	reased alive	e an ful	ig 1kn	19 <i>60</i> , and	that d	ATTENI PHYS. 22d. AE	DING DORESS	M, fram	STAF	euses an	d an the	e date	stated	
23a BURIAL, CREM REMOVAL (Sp	ATION. 23b.	OKTE THEREOI	F 2							d		ر ت	Pa	
24. FLIDTERAL BIRE	TOR'S SIGNAT	URE	1. 5	Weller	-0V	2 /2		D BY REGIS			TRAR'S SI			(c3)

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE OF DEATH			2. USUAL RESIDENCE (W	here deceased lived	. If institutio	n: Residence be	efore admis	sion)
o. COUNTY Prince C	learges	MARYLAND	o. STATE	C	b. COUNTY			V
b. CITY OR TOWN (I	f outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate li	mits, write RL	JRAL ond give r	nearest tow	n)
RURAL ond give no	ale (rural)	16 days	Was	shington		4	- >	X -
d. NAME OF HOSPIT	AL (If not in haspital, give street		d. STREET ADDRESS		1500		e. IS RES	SIDENCE
Glenn Da	le Hospital		526	First S	t., N.	W.		NO K
3. NAME OF DECEASED (Type or print)	Raymond	Middle M •	Kinsey	4. DATE OF DEATH	Mont	h 6	Day	Yeor 1960
5. SEX	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AC	E (In years t birthdoy)	IF UNDER 1 YE		_
Male	White widow	ED DIVORCED	9/16/03		56 yrs.	Manths Day:	s Hours	Min.
	DN (Give kind of work done life, king life, even if retired) helper	en's Social Seenter, Salvati	USTRY 11. BIRTHPLACE (Stote on Army	or fareign country) Virginia		12. CITIZEN USA		COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				100
William	Kinsey		Elzora Wea	aver				
	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Addre	ess		
No	- 57	78-10-5591	Decedent					
Conditions, if a gove rise to i couse (o), storing lying couse lost. PART I. OTH Bilater 20a. ACCIDENTING	ny, which (b) DUE TO (c) HER SIGNIFICANT CONDITIONS (al thrombophle)	chogenic carcoic nodes, kid	neys, adrenals	inal disease con	NDITION GIVI	um	NTERVAL BINSET AND UNKNOOD	AUTOPSY ORMED?
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Year 20d. I While of wor	Not while	PLACE OF INJURY (Home, farr factory, street, office bldg., etc		wn)	(Count	ty)	(Stote
21. I certify that saw the decease 22a. SIGNATURE	at (1) (this haspital) attended		death accurred at	A.M. tram the		, 19_60, d an the do	ite stated	
1 14 20 10	were we	m	M.D. PHYS.	NED. ST.	AFF IYS.		7/6	60 SIGNE
22c. PHYSICIAN'S NAME (Type)	Moe Weiss, M.	D.	22d. ADDRESS	Glenn Da Glenn Da				
23a. BURIAL CREMATIC REMOVACI (Specify)	2/7/9/60	23c. NAME OF CEMETERY	cew.	23d. LOCATION	lpe	per	(Sto	i)a
24. FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS /	. 41/	D BY REDUSTRAR	ASb. REQUIS	TRAR'S SIGNA	TURE	

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burial-transit ar attending physician. by the haspital ar attending CTOR: After this certificate SO use far detached D

8340 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o Frince George MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest tawn) Cheverly Suitland Month d. NAME OF HOSPITAL (If nat in hospital, give street address) d. STREET ADDRESS OR INSTITUTION Prince George General Hospital 4604 Bromley Ave. 4. DATE OF DEATH NAME OF First Middle DECEASED Knitter (Type ar print) Peter 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH White Male WIDOWED | DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Good Will Ind. Ohio 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. No 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20c. TIME OF INJURY Manth. Day, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Haur a. m. While Nat while at wark at wark 21. 1 certify that (1) (this haspital) attended the deceased fram... saw the deceased alive an 22a. SIGNATURE ATTENDING PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY

Aug.1st 1960

24. FUNERAL DIRECTOR'S SIGNATURE

July 29 60 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours 12. CITIZEN OF WHAT COUNTRY? USA Address Mrs. Eva M. Knitter Same as # 2. INTERVAL BETWEEN ONSET AND DEATH THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO (County) (State) July 29 19 60 that (1) (we) last 19 60 and that death accurred at 12:45 Proff the causes and an the date stated above. SIGNED DIRECTOR [] PHYS. 23d. LOCATION (City, tawn, ar caunty) Suitland, Maryland. Washington National Cemetery 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR arthur S. Krous

TO FUNERAL page 3 sh the State VR A15 (4) 15M 9/59

DIRECTOR:

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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may the sained by the haspital or attending physician.

O FUNE AL DIRECTOR: After this certificate has been signed by the attending physician and complet page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

TO FUNE

AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

CERTIFICATE OF DEATH

8 08337 Reg. Dist. No.

1. PLACE OF DEATH	INCE	SEORG	E MARYLANI	o STATE	DENCE (Where deceose SAMF	ed lived. If institution b. COUNTY		before admis	sion)
b. CITY OR TOWN	I (If outside corporate lim	its, write c. LEN	GTH OF STAY IN 11	c. CITY OR T	TOWN (If outside corp	orote limits, write R	URAL and give	nearest tow	n)
d. NAME OF HOS	PITAL (If not in hospital, of N	citolos	DR	d. STREET A	NICHOL	SDAI	VE	ON	SIDENCE A FARM? NO 3
3. NAME OF DECEASED (Type or print)	HENRY	rst	Middle A	AMBERT O	4. DATE OF DEATH	Mon JULY		Doy 2	Yeor 1960
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED M	NEVER MARRIED		3,1896	9. AGE (In years last birthdoy) 64 yrs.	Months Do		ER 24 HRS. Min.
CHIEF EL	TION (Give kind of work orking life, even if retired ECTRICIAN	done 10b. KIND O	NAYY	MIL	UNESOTA	country)		SA -	COUNTRY?
13. FATHER'S NAME	EY LAM	BERTON	/	14. MOTHER'S	A WEIS	ENBER	GER		
15. WAS DECEASED (Yes, no., or unknown)	VER IN U. S. ARMED FOR		SECURITY NO. 17	HELEN	LAMBER	TON - h		SAME	ADDA
	DEATH [Enter only one content was caused by: IMMEDIATE CAUSE (c) DUE TO	0	ORDNI		CCLUSI	DN		INTERVAL BONSET AND	DEATH
Conditions, i gove rise to couse (o), stoti lying couse to	immediate DUE TO	5)		BUT NOT RELATED TO		SE CONDITION GIV	EN IN PART 1() 19. WAS	AUTOPSY
[4]		noi	160		(::				NOX2
20g. ACCIDENT OR CONTRIBUTION (IF EITHER, NOT	WAS UNDERLYING [] NG [] CAUSE OF DEATH FY MEDICAL EXAMINER)	206. DESCRIBE H	OW INJURY OCCU	KKED. (Enter noture o	of injury in Port I or Po	er is or stem to.)			
20c. TIME OF IN	10		ot white	PLACE OF INJURY (foctory, street, office	Home, form, 20f. (Ci e bldg., etc.)	ly or town)	(Cou	nty)	(Stote)
21. I certify olive on	that 1 attended the				, to PSESE 432 M, fro ADDRESS (2 M) ALL		nd on the	dote stot	
220. BURIAL CREMA	TION, 22b. DATE THERE	60 22c. 1	NAME OF CEMETER	Y OR CREMATORY	ll 22d. LOC	ATION (City, town)	accounty)	1 Sto	icd.
23. FUNERAL DIRECT	OR'S SIGNATURE	Bole "	Alole	tale eus	24a. REC'D BY REGI		STRAR'S SIGN		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8392 CERTIFICATE OF DEATH Rea. Dist. No. with director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission). o. COUNTY filed b. COUNTY MARYLAND Prince Georges Maryland rince Georges the funeral should be fi b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Upper Marlboro Upper Marlboro d. NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? 22 YES NO F RFD Box 4195 USAF Hospital Andrews Air Force Bas NAME OF 4. DATE First Middle Manth Day Year DECEASED filled OF DEATH (Type or print) William Link Andrew July 1850 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH 9. AGE (In years ely last birthday) Manths Days Caucasion WIDOWED DIVORCED | papers. 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? He www Bow bor Operator Civilian Employee Virginia USAF Base Andrews pup 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Office Car physician Charles Omer Link(Deceased Vonnie Lake Niday mave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address D.W. Kinney CWO attending 227-36-3882 AOD USAF Hospital Andrews es Korean War edse 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH a PART I. DEATH WAS CAUSED BY: Electric Shock IMMEDIATE CAUSE (o) DUE TO Unknown permit. Conditions, if ony, which gned gave rise to immediate DUE TO couse (a), stating the underlying couse lost. burial-transit CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? has YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH with bare wire. (IF EITHER, NOTIFY MEDICAL EXAMINER) While working on plumbing underneath trailor he came in contact 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INITIRY 20d. INJURY OCCURRED Year (County) (State) If street, office bldg., etc.) Not while 1960 at work at work Md. Trailor Upper Marlboro House July 2 1960 ta July 1960 that I last saw the deceased 21. I certify that I attended the deceased fram.___ and that death accurred at 1210P M, from the causes and an the date stated above. Never seen Ö ADDRESS (Street, city or town, state) DATE SIGNED USAF Hospital Andrews 2 July 1960 SIGNATURE P PHYSICIAN'S NAME (Type) THOMAS D B FENNELL Washington 25. D.C. 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOYAL (Specify) Virginia Hoges Store 5 60 Hoges Store Cemetery 10 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Chilling S. Kraus DATEJUL 11 '60 VS A15 (4) 15M 9/5B

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY Prince Ge	orges		MARYLAND	o. STATE VI	rginia ry Vand/	osed lived. If institut b. COUNT	Polit	66/466	told
RURAL ond give n	If outside corporate limits, earest town) Maryland		days	c. CITY OR TOV	NN (If durlide co	rporate limits, write		churc	
d. NAME OF HOSPIT	TAL (If nat in haspital, give	e street address)		d. STREET ADD	RESS 1905 ed / Heyar/t/	Dye Drive	83X	e. IS RE	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First Margaret	E.	Middle	McCarthy	4. DAT OF DEA		nth	Day	Yeor 19 60
S. SEX	- Trans	MARRIED NE	VER MARRIED DIVORCED	8. DATE OF BIRTH	1882	9. AGE (In years lost birthday) 77 yrs	Months E	YEAR IF UND Pays Hours	DER 24 HRS. Min.
10a. USUAL OCCUPATION during mast af wor HOUSEWIT	ON (Give kind of work dorking life, even if retired)	Domest			State or foreign			JSA	COUNTRY?
13. FATHER'S NAME Michael F	Flaherty		100	14. MOTHER'S MA	AIDEN NAME	Helena	Hickey		
1S. WAS DECEASED EVE Yes, no, or unknown)	ER IN U. S. ARMED FORCE If yes, give war or dates of servi			NFORMANT B. Rita Ros	ache, 38		ton St.	Myatt	Md.
Conditions, if a gove rise to i couse (a), stating tying cause lost. PART II. OTI	the under-	Cerebr Genera	al Throm	chopneumonicosis (rigitation consisted the consistence of the consiste	nt front			1(o) 19. WAS	ek ars AUTOPSY ORMED?
200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING 20 G CAUSE OF DEATH MEDICAL EXAMINER))b. DESCRIBE HOV	V INJURY OCCURR	ED. (Enter nature of in	jury in Port I or	Port II of item 18.)		123 (1	1 40 []
20c. TIME OF INJUR Hour a. m. p. m.	RY Month, Doy, Year	20d. INJURY OCC	while fo	LACE OF INJURY (Hor actory, street, office bl		City or tawn)	(00	ounty)	(Stote)
21. I certify the source deced 22a. SIGNAFURE 22c. PHYSICIAN'S NAME (Typer)	mas q	attended the control of the control	1	death accurred &	1960. to 1960. The 1960. T	om the causes a	_	Othat (I)	,
23a. BURIAL, CREMATIC REMOVAL Specify BULLAL			ME OF CEMETERY	or CREMATORY ational Cer		CATION (City, town,		(Sto	ote)
24 FUNERAL DIRECTOR	R'S SIGNATURE	1661- (78) Washingt	on 20. D	d. S.E. 25	ATE JUL 2	GISTRAR 25b. REG	ISTRAR'S SIGI	NATURE	

TO HOST I OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 kpc. s after death. Page 4 may be alined by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 haurs after death.

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274 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	LACE OF DEATH	ince George	s	MARYL		2. USUAL RESIDENCE (No. STATE		d lived. If instituti b. COUNTY		ce befor	re admissi	iony
	CITY OR TOWN (RURAL ond give no		ts, write	c. LENGTH OF STAY IN	ч 16	c. CITY OR TOWN (I	f outside corpo shing to		RURAL ond	give nea	rest town	3
-	OR INSTITUTION	TAL (If not in haspital, gale Hospital				d. STREET ADDRESS		St., N.	W.		e. IS RESI ON A YES	IDENCE FARM?
	IAME OF DECEASED Type or print)	Fir Benn	st	Middle		McCullough	4. DATE OF DEATH	Moi 7	nth	Day 6	,	Year 1960
5. \$	Male		<u> </u>	RIED T NEVER MARRIED	B.	DATE OF BIRTH 6/15/1918		9. AGE (In years last birthday)	Months	-		
L	Unknown	ON (Give kind of work king life, even if retired	done 10b.	kind of business or Unknown	INDUSTI	S. Caro	lina			IZEN OF	F WHAT C	OUNTRY
13. 1	FATHER'S NAME					14. MOTHER'S MAIDEN						
(Yes.	Unknown was deceased eve no, or unknown nknown	R IN U. S. ARMED FOR (If yes, give war or dates of s	ervice)	social security no. Jnknown	1	st Clinic	nown (Too (on	ill toda	give :	info	rmat	ion)
	Conditions, if a gove rise to i couse (o), stating lying cause lost.	the under-)	onchopneumo	nia,	bilateral				U	nknor	WID.
CERTIFICATION	20a. ACCIDENT W.	HER SIGNIFICANT CON INOMA DI XII CULVOSIO AS UNDERLYING DEATH CAUSE OF DEATH MEDICAL EXAMINER)	e/Lyn,	CONTRIBUTING TO DEATING TO DEATIN	/sit	e undetermi far advan	med; p	ulmonary tive	VEN IN PAR	T 1(o) 1'	PERFO	AUTOPSY PRMED?
MEDICAL	20c. TIME OF INJUI Hour a.m. p. m.	RY Manth, Day, Ye	While			E OF INJURY (Hame, for ry, street, affice bldg.,		y or town)	(1	County)		(Stote
	21. I certify the			ded the deceased f		170	9.60, ta_ M, fram		, 19 <u>6(</u> nd an the			
	220. SIGNATURE	live lu	line		Μ.		MED. DIRECTOR				-111	SIGNED
	22c. PHYSICIAN'S NAME (Type)	Moe Weiss,	M. 1	0.		22d. ADDRESS		Dale Ho		L		
23q	REMOVAL (Specify	ON, 236. DATE THEREO	OF S	123c. NAME OF CEMEN	PERY OR	ronel	M	TION (City, tawn,	or county)		(Stat	(e)
24.	FUNERAL DIRECTOR	S SIGNATURE	OP	ADDRESS 2/	3/-	TITI I	EC'D BY REGIS		ISTRAR'S SI			

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSP OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed we may be fined by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplett page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers, the registrar prior to burial, crematian, ar remayal, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8395

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY PRINCE	GEORGES	1	MARYL	AND	o. STATE	DENCE (Whe	ere deceosed	lived. If instituti b. COUNTY	on: Resider			on)
RURAL ond give	(If outside corporate limi nearest town)	0.000	. LENGTH OF STAY II	N 1b	c. CITY OR	TOWN (If ou	utside corpo	rote limits, write R	URAL ond	give near	est town)
	AIR FORCE		7. MONTHS		ANDR	EWS AI	R FOR	CE BASE				
OR INSTITUTION					d. STREET		ALITAT	THIC AFD	110011	DC .	ON A	DENCE FARM? NO
	86, ANDREWS			DC I		1-86,	1	EWS AFB,		201		-
3. NAME OF DECEASED (Type or print)	Fir JAME		Middle		MC G	RATH	4. DATE OF DEATH	Mar JUL		Day 19		fear 60
S. SEX	6. COLOR OR RACE	7. MARRIE	DIN NEVER MARRIED	П	B. DATE OF BIRT	н		9. AGE (In years	IF UNDER	R 1 YEAR	F UNDE	R 24 HRS.
MALE	CAUCASIAN	WIDOWED	DIVORCED		21 MAY	1913	774	lost birthday)	Months	Days	Hours	Min.
10a. USUAL OCCUPAT	ION (Give kind of work	dane 10b. KI	IND OF BUSINESS OR	INDUS	TRY 11. BIRTHP	ACE (State of	or foreign c		12. CIT	IZENOF	WHATC	OUNTRY?
during most of wo	rking life, even if retired		AIR FORCE		PE	NNSYLV	ANIA			TED		
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
JAMES MC	GRATH				MARY	DEVINE		V. Holis				
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16. SC	OCIAL SECURITY NO.	- 11	FORMANT			Add	ress			
YES	(It yes, give war or dates of s 1940 - 196			F	ERSONNE	L OFFI	CER	HQ ARD	C, AN	DREW.	S AF	В
gove rise to couse (o), stoting lying cause lost	the under- DUE TO		INTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THE TERMIN	VAL DISEAS	E CONDITION GIV	/EN IN PAR		PERFO	AUTOPSY RMED?
(IF EITHER, NOTIF	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY OC	CURRED). (Enter nature o	of injury in P	ort I or Por	t II of item 1B.)			163 [24	100
20c. TIME OF INJU Hour o. m. p. m.	10	While	URY OCCURRED 2 Not while of work	20e. PLA foc	CE OF INJURY (tary, street, affic	Hame, farm, e bldg., etc.	20f. (City	or town)	((County)		(State)
21. I certify to alive on	hat I attended the 2 JULY			death	accurred at	11:32A	M, fram	the causes ar reet, city or town, NDREWS	d an th		stated DAT	
	AVID N ROBB		T USAF (MC)	ANDR			CE BASE,			ON 2	5, DO
220. BURIAL, CREMATI REMOVAL (Specify	ON, 22b. DATE THEREO	- 4	22c. NAME OF CEMET	TERY OF	CREMATORY		August 1	TION (City, town,	N. 1	A.	(State	*)
23. FUNERAL DIRECTO	R'S SIGNATURE	c 811	ADDRESS	E	Who se Ar		BY REGIST		STRAR'S SI			

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

Prince Ge			MARYLAND	o. STATE	b. CC	DUNTY		
I CITY OR TOUR	orge	is to to to the	MARYLAND	Maryla		George		-1
RURAL ond give no	If outside corporate limits, earest town)	write c. LENGTH C	F STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits,	write KUKAL ond give	nearest tow	nj
Chever	TAL (If not in hospitat, giv	L D	ys	Landover Landover	Hills		1 10 050	IDENICE
OR INSTITUTION				d. STREET ADDRESS				FARM?
Prince	George Gener	al Hospita.	<u> </u>	7226 Gle	mridge Road	1	YES [NO D
NAME OF DECEASED (Type or print)	Harold First		Middle .	McKenna	4. DATE OF DEATH Ju	Month	27	Yeor 1960
SEX		7- MARRIED X NEVER	THE HOLDES L	Aug. 1,1903	9. AGE (tri lost birt		EAR IF UND	Min.
. USUAL OCCUPATION	ON (Give kind of work do	ne 10b. KIND OF BUS	NESS OR INDUST	RY 11. 8IRTHPLACE (Stote	or foreign country)	12. CITIZE	N OF WHAT	OUNTRY
Electrici.	king life, even if retired)	U. S. Go	vt.	pa.		II.S.	A	
. FATHER'S NAME				14. MOTHER'S MAIDEN N	IAME			5 1
John F. M	cKenna			Harriet Ful	fond			
. WAS DECEASED EVE	ER IN U. S. ARMED FORCE	ES? 16. SOCIAL SECUR		ORMANT	1014	Address		
esno, or unknown)	(If yes give war or dates of serv	1810395	04 Ber	tha M. McKe	nna (Wife) 5000	- 40	
19 CALISE OF DE	ATH [Enter only one cous			one in here	mai /#116) Same a	INTERVAL BI	FTWFFN
	ATH WAS CAUSED 8Y:	per mile 1017(a), (b),	() () () () () ()	acad	6315 0	0	ONSET AND	DEATH
210	MMEDIATE CAUSE (o)_	rica	uc ui	Lua	6712 6	curse		
000	DUE TO		ati	to. P. :-				
Conditions, if o		1 dep	alle C	Laure	d d			
couse (o), stoting		10 VL	10 K	las has si				
lying couse lost.	(c)_	1-000	ac or	770100 (5)				
PART II. OTI	her significant condi	itions <u>contributing</u>	TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE CONDITI	ON GIVEN IN PART 1	(o) 19. WAS PERFO YES V	DRMED?
20a. ACCIDENT W.	CAUSE OF DEATH	Ob. DESCRIBE HOW IN	IJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item	18.)		
	MEDICAL EXAMINER)							
		20d. INJURY OCCUR While Not while of work of work	Santa	CE OF INJURY (Home, form ory, street, office bldg., etc		(Cou	inty)	(Stot
20c. TIME OF INJUI Hour o. m. p. m. 21. I certify the	RY Month, Doy, Year 19 at (1) (this haspital)	while of work of work	eased fram	ry, street, office bldg., etc	60 Jul	4 27, 1961	2 that (1)	(we) la
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Year 19 at (1) (this haspital)	while of work of work	reased fram.	ath accurred at	M, fram the caus	4 27, 1961	that (1)	(we) la
20c. TIME OF INJUI Hour o. m. p. m. 21. I certify the saw the decea	RY Month, Doy, Year 19 at (1) (this haspital)	while of work of work	eased fram.	ath accurred at	60 to Jule 0 A M. M, from the caus	4 27, 1961	that (1)	dabav
20c. TIME OF INJUITED TO ME TO THE CONTROL OF THE C	at (1) (this haspital) sed alive an Shall	while of work	eased fram.	ath accurred at ATTENDING M DI 22d. ADDRESS 3304 Anv CREMATORY	M, fram the caus	4.27, 1961 es and an the co	that (1)	(we) la d abave 2b. DATE SIGNE
20c. TIME OF INJUR Hour o. m. p. m. 21. I certify the saw the decea 22c. SIGNATURE	at (I) (this haspital) used alive an Sulling Wall Am Don, 23b. DATE THEREOF 7/29/60	while of work	eased from on that de	ath accurred at	M, from the cause ED. STAFF RECTOR PHYS. PAPOLIS 23d. LOCATION (City, Arlington	4.27, 1961 es and an the co	that (1) date stated	(we) la d abave 2b. DATE SIGNE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

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001.		CERTIFICA	IE OF DEATH			110930
. PLACE OF DEATH			2. USUAL RESIDENCE (W)	here deceased lived.	If institution: Reside	ence before admission)
o. COUNTY Prince Geor	THE REAL	MARYLAND	o. STATE Marvl		. COUNTY	ince Georges
b. CITY OR TOWN (If outside corporat		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o			
RURAL and give nearest town)	25.2	7 11 0				
d. NAME OF HOSPITAL (If not in hosp	ital, give street	1 month 2	d. STREET ADDRESS	K, GT	eenhelt,	e. IS RESIDENCE
OR INSTITUTION						ON A FARM?
Prince Geor	ges Gen	era	9 D Sou	theay Rd		YES NO
NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day Year
(Type or print)	nna		McLoughlin	DEATH	7/	18/ 19 6
SEX 6. COLOR OR R	ACE 7. MARS	RIED NEVER MARRIED	B. DATE OF BIRTH			R I YEAR IF UNDER 24 HR
Female White	WIDOW	ED DIVORCED	1./31/91	1031	69 yrs. Months	Doys Hours Min.
Oa. USUAL OCCUPATION (Give kind of	work done 10b.	KIND OF BUSINESS OR INDU		or fareign country)		TIZEN OF WHAT COUNTRY
during most of working life, even if re Housewife		wn home	New Yor	k	I	J S A
3. FATHER'S NAME	1 0	AII HOME	14. MOTHER'S MAIDEN I	NAME		
John Hickey	7		? Mor			
		ACCULATION NO. 147 IN			Address	
S. WAS DECEASED EVER IN U. S. ARMET (Yes, no, or unknown) (If yes, give war or da		SOCIAL SECURITY NO. 17. II	NFORMANT	mananda	Address	
	no	none	Hospital	records		
1B. CAUSE OF DEATH [Enter only of	ne couse per li	ne for (o), (b), and (c).]				ONSET AND DEATH
PART I. DEATH WAS CAUSED	BY:	Carrinan	u MI	alan		mance
	JE TO	Con Victoria	0/0			
	DE 10					
Conditions, if ony, which gove rise to immediate	(b)					
couse (b), storing the under-	JE TO					
lying couse lost.	(c)					
PART II. OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN PA	PERFORMEDO
3		Secondary	anemia			YES NO
PART II. OTHER SIGNIFICANT PART II. OTHER SIGNIFICANT 200. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING I CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMI	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port 1 or Port II of	tem 1B.)	
(IF EITHER, NOTIFY MEDICAL EXAMI	NER)					
20c. TIME OF INJURY Month, Doy Hour o. m. p. m.	, Year 20d. I		ACE OF INJURY (Home, form		vn)	(County) (Stote
Hour o. m.	19 While of wor	IAOI WILLE	ctory, street, office bldg., etc	c.)	^	
₹ p. m.	01 1101		100	10 .	(-1)	10
21. I certify that (I) (this has	pital) attend	led the deceased fram		(d).ta	_ July 19_	.6_4hat (1) (we) la:
saw the deceased alive an		12_19_60 april that o	death accurred at	OPMram the o	auses and an th	he date stated above
220. SIGNATURE	101	On Van	ATTENDING	and the same of th	rn /	22b. DATE
1 norme	> 1	Maraner	M.D. ATTENDING M	IRECTOR PH	rs.	20 4460
22c. PHYSICIAN'S NAME (Type)	116	F MACON	22d. ADDRESS OI	471	to aux	. 1 . () M (
HO!	140	5. MALUN	E7 701	7-118	al ares	Kills I'm
3a. BURIAL, CREMATION, 23b. DATE TI	HEREOF.	23c, NAME OF CEMETERY C	P CREMATORY	234 LOCATION 6	City, town, or county) (Stote)
REMOVAL (Specify)				Washir		
Burial July 4. FUNERAL DIRECTOR'S SIGNATURE	21, 19	ADDRESS	Cemetery			C.
Fine Gasch's S	one Harr			'D BY REGISTRAR	25b. REGISTRAR'S S	DIGNATURE
- · dascii s o	ons nya	cosville Md.	DATE	L 2 2 '60	arthur g	H.

the attending physician and campletely filled in by the funeral directar, Then please remave carban papers. Pages 1 and 2 shauld be filed with TO HOSP 1. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 training by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death. . OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mined by the haspital ar attending physician. VR A15 (4) 1SM 9/59

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8396 STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CER

TIFICATE OF DEATH	Reg. Dist. No. 834

1. PLACE OF DEATH a. COUNTY	rince Geor	ge	MARYLAN		JSUAL RESIDENCE (W	here deceased yland	lived. If institution b. COUNTY	-	• Geo		on)
b. CITY OR TOWN (IF RURAL and give ne Suitl		ts, write	c. LENGTH OF STAY IN	1ь	Berks		ate limits, write R	URAL and	give neare	est tawn)	
OR INSTITUTION	AL (If not in hospital, g Nursing H		ddress)		d. STREET ADDRESS	Ave. S.	E			IS RESII	
3. NAME OF DECEASED (Type or print)	Fir DUNC	st	Middle C •	М	Lost CPHERSON	4. DATE OF DEATH	Mon Jul v		Doy		ear 960
5. SEX Male			ED NEVER MARRIED [8. DA	TE OF BIRTH		P. AGE (In years last birthday) 86 yrs.		1 YEAR IF		
10a. USUAL OCCUPATIO during most of work Retired 13. FATHER'S NAME	ing life, even if retired	dane 10b. K	Carpenter		11. BIRTHPLACE (State Scotla	nd		12. CITI	US		DUNTRY?
15. WAS DECEASED EVER	McPherson IN U. S. ARMED FOR If yes, give wor or dates of s		OCIAL SECURITY NO.	INFOR Wilb			Add 3900 75t	ress	S.E.		
Conditions, if an gave rise to in cause (a), stoting t lying cause last. PART II. OTH	he under DUE TO (c) ER SIGNIFICANT CON	DITIONS CO	DITRIBUTING TO DEATH		RELATED TO THE TERM	INAL DISEASE			7 (a) 19.	WAS A PERFOR	UTOPSY RMED?
20a. ACCIDENT WAR. OR CONTRIBUTING (IF EITHER, NOTIFY / Hour a. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER)	ar 20d, IN	JURY OCCURRED Not while of work	e. PLACE (ter nature af injury in DF INJURY (Hame, farr street, affice bldg., etc	n, 20f. (City		(4	Caunty)		(State)
alive an	at I attended the	126	and that de	eath acc	19 5 to our your 3550 Minn. 3550 Minn.	M, fram t ADDRESS (Str Ave. S	he causes an eet, city ar tawn, B.E. Wash	d an the state)	7-23	DATE 5-60	abave SIGNED
22a. BURIAL, CREMATION REMOVAL (Specify) Burial	7-26-196		22c. NAME OF CEMETER	RY OR CRE	MATORY metery	22d. LOCATI	ON (City, town, o	or county) Maryl	and	(State	
23. FUNDRAL DIRECTOR'S	SIGNATURE BA	bs 1	WASh.	SO,	D C DATE	D BY REGISTR	24b. REGI	STRAR'S SI			

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please executed certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fune itector. Page 4 shauld be fare ad to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your est.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or remayal. VS. A15ME(5)

5M 9/55

,	834	MED MED	ICAL EXAMI	NER'S	CERTII	FICAT	E OF	DEATH	Reg.	Dist. No	835	0
)	1. PLACE OF DEATH o. COUNTY	Prince Geor	ges M	ARYLAND	2. USUAL RES							
	and give nearest town)	2. USUAL RESIDENCE (Where deceased lived. If Institution Resident COUNTY RICHMING COUNTY Prince Georges MARYLAND 0. STATE Virginia b. COUNTY Richming Converting the property benith, write RURAL and a CITY OR TOWN (If outside corporate limith, write RURAL and a CITY OR TOWN (If outside corporate limith, write RURAL and a CITY OR TOWN (If outside corporate limith, write RURAL and a Richmond R	nd give n	nearest to	*n)							
A.	d. NAME OF HOSPITA	L OR INSTITUTION (IF n		_			Α.	Venu e			ON	ESIDENCE A FARM?
4	3. NAME OF DECEASED (Type or print)	First	Middl	•	Lasi		4. DATE OF	Mont		17 Doy	Y	ear 9 60
	5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MAI	RRIED 8.	DATE OF BIRTH		38	fast birthday)	IFUNDE			ER 24 HRS. Mln.
-	10o. USUAL OCCUPATIO	N (Give kind of work don life, even if retired)	e 10b. KIND OF BUSINESS	OR INDUST	RY 11. BIRTHPL	ACÉ (State	or foreign co	مادر بساء	12. CI			COUNTRY
	13. FATHER'S NAME		1011010101010		14. MOTHER'S	MAIDEN N	AME	n				
	15. WAS DECEASED EVE (Yes, no, or unknown)	(If yes, give war or dates of servi	S? 16. SOCIAL SECURITY	NO. 17. IN		Moron	ney			ginia	a	
	PART I. DEATI	H WAS CAUSED BY:		*						INTE	RVAL BETWE	EN ITH
	gave rise to immed (o), stating the u	y, which (b)							vica	1		
2	PART II. OTH	ER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO D	EATH BUT N	OT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PA		9. WAS / PERFO YES 7	AUTOPSY RMED?
	Prince Georges General Hospital 3929 Alba: Avenue Mark of both Day Day	01.										
	20c. TIME OF INJUR		20d. INJURY OCCURRED While Not while of work	facto	ry, street, office	lome, form, bldg., etc.)]	(Stote) Md.
											, and f	find that
		And Iv	Taloney	/	_M.D.						DATE S	IGNED
	b. CITY OR TOWN If coulded corporate limits, write RURAL college of give incorest levely considered properties limits, write RURAL college of give incorest levely considered properties (in the considered properties) considered properties (in th			-	ily	17,	196	0				
	D. CITY OR TOWN II counted corpured invite. —the RURAL D. CITY OR TOWN II outside corpured invite. —the RURAL C. LENGTH OF STAY IN 16 C. CHO'R TOWN II outside corpured invite. —the RURAL Richmond d. NAME OF HOSTITLA OR INSTITUTION (if not in hospitol, give street oddress) J. NAME OF CONTRIAL OR INSTITUTION (if not in hospitol, give street oddress) J. NAME OF COURT OR RACE IVIPPO or print) J. DON Shelton Moroney S. SEX 6. COLOR OR RACE IVIPPO or print) J. DON Shelton Moroney J. DON Shelton Moroney J. DATE OF BIRTH WIDOWED J. DATE OF BIRTH J. DATE Machiney J. ACE (be year) Let the Defan by J. ACE (be year) Let the Defan by J. ACE (be year) L. DATE Month J. AND TO COUNTING C. LINE OF COLOR OR RACE IVIPPO OF PRINT AND AND TO COLOR OF BUSINESS OR INQUISTRY II. BIRTHHACE (State or breigh ecountry) L. ALLO PELL SHORT OR ALLO Richmond Val J. RATHER'S NAME J. AND MORONEY J. AND MORONEY J. AND MORONEY L. MOHNER'S MAIDEN NAME D. LANE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I DEATH WAS CAUSED BY MMODIAL CAUSE (o) DUE TO Conditions, If only, which gove rise to immediate cause (o), stoling the underlying DUE TO Conditions, If only, which gove rise to immediate cause (o), stoling the underlying DUE TO Conditions, If only, which gove rise to immediate cause (c), stoling the underlying DUE TO Conditions, If only, which gove rise to immediate cause (c), stoling the underlying DUE TO Conditions, If only, which gove rise to immediate cause (c), stoling the underlying DUE TO Conditions, If only, which gove rise to immediate cause (c), stoling the underlying DUE TO Conditions, If only, which gove rise to immediate cause (c), stoling the underlying DUE TO Conditions, If only, which gove rise to immediate cause (c), stoling the underlying DUE TO Conditions, If only, which gove rise to immediate cause (c), stoling the underlying DUE TO Conditions, If only, which									(Slote)	
	RACE OF DEATH C. COUNTY Prince Georges MARYLAND B. CITY OR TOWN II dustide corporate braits, write RURAL COUNTY Prince Georges MARYLAND C. STATE Virginia C. CENGTH OF STAY IN 1b C. CITY OR TOWN III dustide corporate braits, write RURAL C. CENGTH OF STAY IN 1b C. CITY OR TOWN III dustide corporate braits, write RURAL C. CITY OR TOWN III dustide corporate braits, write RURAL C. CITY OR TOWN III dustide corporate braits, write RURAL C. CITY OR TOWN III dustide corporate braits, write RURAL C. CITY OR TOWN III dustide corporate braits, write RURAL C. CITY OR TOWN III dustide corporate braits, write RURAL C. CITY OR TOWN III dustide corporate braits, write RURAL C. CITY OR TOWN III dustide corporate braits, write RURAL C. CITY OR TOWN III dustide corporate braits, write RURAL C. CITY OR TOWN III dustide corporate braits, write RUR RICHMOND C. STATE VIRGINIA C. CITY OR TOWN III dustide corporate braits, write RUR RICHMOND C. STATE VIRGINIA C. CITY OR TOWN III dustide corporate braits, write RUR RICHMOND C. STATE VIRGINIA C. CITY OR TOWN III dustide corporate braits, write RUR RICHMOND C. STATE VIRGINIA C. CITY OR TOWN III dustide corporate braits, write RUR RICHMOND C. STATE VIRGINIA C. CITY OR TOWN III dustide corporate braits, write RUR RICHMOND C. STATE VIRGINIA C. CITY OR TOWN III dustide corporate braits, write RUR RICHMOND C. STATE VIRGINIA C. CITY OR TOWN III dustide corporate braits, write RUR RICHMOND C. STATE VIRGINIA C. CITY OR TOWN III dustide corporate braits, write RUR RICHMOND C. STATE VIRGINIA C. CITY OR TOWN III dustide corporate braits, write RUR RICHMOND C. STATE VIRGINIA C. CITY OR TOWN III dustide corporate braits, write RUR RICHMOND C. STATE VIRGINIA C. CITY OR TOWN III dustide corporate braits, write RUR RICHMOND C. STATE VIRGINIA C. CURSTILL RICHMOND C. LENGTH BRAIT C. CLENGTH OF STAY IN 1b C. CLENGTH OF STAY IN 1b C. CURY OR TOWN III dustide corporate braits, write RUR RICHMOND C. LENGTH BRAIT C. CLENGTH OF STAY IN 1b C. LENGTH OF STAY IN 1b C. LENGTH OF STAY IN 1b C. LENGTH OF STAY											

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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PLACE OF	DEATH			

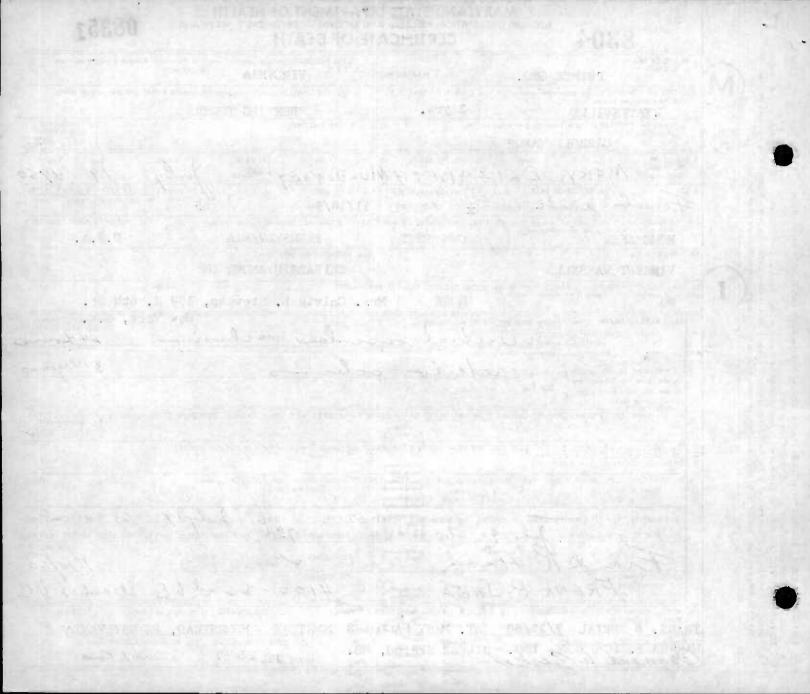
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission)
PRINCE GEO.	MARYLAND	o. STATE VIRGINIA b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
HYATTSVILLE	2 yrs.	HUNTING TOWERS
d. NAME OF HOSPITAL (If nat in haspital, give street OR INSTITUTION	address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
CARROLL MANOR		YES NO
3. NAME OF DECEASED (Type or print) MARY EL1.	ZABETH N	10LDOWNEY 4. DATE Day Year 19 1496
5. SEX 6. COLOR OR RACE 7. MARR	RIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
temale White WIDOWI	ED DIVORCED	11/18/94 (65 birthdoy) Months Doys Hours Min.
Oa. USUAL OCCUPATION (Give kind of wark dane 10b. during most of warking life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State ar fareign country) 12. CITIZEN OF WHAT COUNTRY?
HOMEMAKER	OWN HOME	PENNSYLVANIA U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
VINCENT WASSELL		ELIZABETH ANDERSON
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	NFORMANT Address
(Yes, no, or unknown) (If yes, give war or dates af service)	NONE M	rs. Calvin L. Stevens, 194 E. 6th St.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying cause lost. (c)	etral va	scular occlusion 24 tours
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTION OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CAMBINER OF DEATH OF CITY MEDICAL EXAMINER	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. If Hour o. m. While at wor	Not while fac	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.) (City ar town) (County) (Stote)
21. I certify that (I) (this hospital) attend	led the deceased fram.	hw. 10 1956, to July 19, 1960, that (1) (we) last
saw the deceased alive an July 19	1960, and that d	death accurred at 7.32 PM, from the causes and an the date stated above.
220. SIGNATURE R. R. A.		M.D. PHYS. STAFF 22b.DATE SIGNED 7/20/60
22c. PHYSICIAN'S NAME (Type) FRANK R. J	THEA	22d. ADDRESS 4100-22 mel LE Washis D(
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY O	
TRANS. & BURTAL 7/25/60	ST. MARY MAGD	
VANNER E PUMPEREY INC.	SILVER SPRING,	MD 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Laumond a hiskar		DATE ILL 25'60 Ciriling S. Huma

may be bined by the haspital or attending physician.

• FUNEKAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Baard of Health prior to burial, crematian, or removal, and in any event within 72 haurs after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSPAL May be pi

VR A1S (4) 1SM 9/59

rs after death. Page 4



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

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	0000	OFICIAL	CAIL OF BLATT		Reg. D	ist. No.	
O GOUNTY	E GEORG	E MARYLAN	11/19/10 1000) b	TORINCE	GEO	REE.
RURAL and give	I (If outside corporate limits, write nearest town)	5 YRS	E. CITY OR TOWN (IF O		nits, write RURAL and	give nearest tow	m)
d. NAME OF HOS OR INSTITUTION	PITAL (If not in hospital, give street N DORSE7	oddress) ROAT	d. STREET ADDRESS	ET A	POAD	ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	ETNA	Middle GLADY	S NEWTON	4. DATE OF DEATH	Month JULY	Day 14	Yeor 19 60
FEMALE	6. COLOR OR RACE 7. MAR WIDOW	RIED NEVER MARRIED [100.001 11 10.	9. AGI	E (In years IF UNDER birthdoy) Months	Days Hours	_
ASSEM	TION (Give kind of work done 10b. orking life, even if retired)	KIND OF BUSINESS OR IN ENUFACTURI	NE VIRGINI	4		TIZEN OF WHA	T COUNTR
3. FATHER'S NAME	C. NICHOLS	ON.	14. MOTHER'S MAIDEN N		RAWLING	5	
5. WAS DECEASED E	VER IN U. S. ARMED FORCES? 16.	50CIAL SECURITY NO. 11	DAUGHTER - MI		Address		SAM
	IMMEDIATE CROSE (O)	ne for (a), (b), and (c).}	ecc LUSI 6	N		INTERVAL BONSET AND	DEATH
Conditions, if gove rise to couse (o), stotin lying couse los	immediate DUE TO	THERDSCL	EROSIS			YER	ars
PART II. C	OTHER SIGNIFICANT CONDITIONS		BUT NOT RELATED TO THE TERMI	NAL DISEASE CONI	DITION GIVEN IN PAR	PERF	AUTOPSY ORMED?
	WAS UNDERLYING (1) 20b. DES	CRIBE HOW INJURY OCCU	RRED. (Enter noture of injury in I	Port I or Part II of i	tem 18.)		
20c. TIME OF INJ Hour o. n p. n	n. While		PLACE OF INJURY (Home, form foctory, street, affice bldg., etc.	, 20f. (City or tow	(n) ((County)	(State)
	JOHN R. BUT	Seell	, 1955, to oth occurred of 8 4	M, from the ADDRESS (Street, ci	, 1960, that I causes and on this or town, state)	the dote stat	
220. BURIAL CREMATE BENDVALASPECTOR 23. FUNERAL DIRECTO	TION, 226. DATE THEREOF	Potomae ADDRESS	Church Com	22d. LOCATION (C Frede D BY REGISTRAR	City, town, or county) PLICES BULL 24b. REGISTRAR'S SI	sy D	a
W.W. Che	mbers 60. K	werdale, Yr	de DATE SI	UL 18'60	Criting 2	8. Hours	

completely filled in by the funeral director, papers. Pages 1 and 2 shauld be filed with may the property of the haspital or attending physician.

The property for the defected for use as the burial-transit permit. Then please remove arrive papers. Pages I should be detached for use as the burial-transit permit. Then please remove arrive papers. Pages I the registrar prior to burial, crematian, or remayal, and in any event within 72 hours after death. TO FUNE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death, Page A VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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001							Neg. DI	31. 140.	,
1. PLACE OF DEATH					NCE (Where dece	ased lived. If institu		nce befo	ore admission)
P. COUNTY P	rince George		MARYLANI	o. STATE Ma	ryland	b. COUNT	P	r. C	ieo.
b. CITY OR TOWN and give negress to	(If autside corporate limits, write R	URAL	c. LENGTH OF STAY IN 18	c. CITY OR TO	WN (If autside co	rporate limits, write	RURAL and	give ne	arest town)
Chever		3.21	DOA	X v	pper Ma	rlboro			
d. NAME OF HOSP	TTAL OR INSTITUTION (IF	nat in hosp	ital, give street address)	d. STREET ADDI	**				e. IS RESIDENCE
Prince	Georges Gene	eral	Hospital	R.F.D.	Box 1	1110			YES NO
3. NAME OF DECEASED	First		Middle	Last	4. DATE	Mont	h	Day	Year
(Type or print)	Charle	es	Donald N	Jorfolk	DEATH	July	12,		1960
5. SEX	6. COLOR OR RACE 7	· MARRIEI	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years			IF UNDER 24 HI
Male	white \	VIDOWED	DIVORCED	1-27	-34	last birthday) 26 yrs.	Manths [Days	Hours Min.
10a. USUAL OCCUPAT	TION (Give kind of work do	ne 10b. KI	ND OF BUSINESS OR INDU	-			12. CITIZ	ZEN OF	WHAT COUNT
Maintenan	king life, even if retired)		State Roads	Ma	ryland			USA	
13. FATHER'S NAME	oc man		o da do Itoado	14. MOTHER'S MAI				00%	
Emest	Wm. Norfolk				Marret 7 e	C . Grie	meon		
	VER IN U. S. ARMED FORCE	ES? 16. S	OCIAL SECURITY NO. 17.	INFORMANT	Thy Louis	Address			
(Yes, no, or unknown)	(If yes, give wor or dates of ser	vice)		333334				0	
Yes	1956-58			John P. Llo	ya; san	e address	as #	2.	
	ATH [Enter only one cause ATH WAS CAUSED BY:							ONSET	AND DEATH
- PARI I. DE	IMMEDIATE CAUSE (a)	H	emorrhage and	shock					
9 10,	DUE TO	500			NOT VEREN				
Canditions, if		F	ractured skul	ll, crushed	chest a	und pelvis	3		2 1
gove rise to imm (a), stating the					The latest				
cause last.	(c)_								
Z PART II. O	THER SIGNIFICANT CONDI	TIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE	TERMINALDISEA	SE CONDITION GIV	EN IN PART	1(a) 19	
CATIO								Y	PERFORMED?
20g. EXTERNAL C.	AUSE WAS _ 20b.	DESCRIBE	HOW INJURY OCCURRED.	(Enter nature of injury	in Part I or Part	II of item 18.)			
PART II. O	ONTRIBUTING	Stru	ck by a motor	vehicle w	hile he	was at we	orde .		
3 20c. TIME OF INJ	URY Month, Day, Year	20d. IN	JURY OCCURRED 20e. P	ACE OF INJURY (Home	e, form, 20f. (Ci	ty or town)	(Cau	nty)	(State
20c. TIME OF INJ		While	_ Nat while fa	ctary, street, affice bld	g., etc.)				
			k 2 at work	Highway		wyn Hts.		Geo	
	that I took charge o	-			topsy [],	Inspection X	Inquiry	y 131,	and find th
death resulte	d from: Natural co	uses	, Accident by, S	vicide, Hom	icide [], l	Indetermined of	cause		
/	1/	24		/					DATE SIGNED
ACTUAL SIGNATURE	MM .	4/10	veney	M.D. CHIEF MEDI	CAL EXAMINER]			DATE STORED
1		Y 15	1	ASSISTANT A	MEDICAL EXAMIN	IER 🔲			
EXAMINER'S	John T. Malor	ney,	M.D.	DEPUTY MEE	DICAL EXAMINER	X	July	12,	1960
220. BURIAL, CREMAT	ION, 226. DATE THEREOF	1:	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOC	ATION (City, town,	ar county)		(State)
REMOVAL (Specif	7/15/60		Cedar Hill	Cemetery		itland		M	d.
23. FUNERAL DIRECTO	R'S SIGNATURE	1	ADDRESS	240	REC'D BY REGIS	STRAR 24b. REGI	STRAR'S SIG	NATURI	E
Ritchie 1	Bros.Fun'l	Home	-Upper Mar	lbong;	TEU 19'6	50		-	
				71100	200	- Lu	Chur 8 +	Leaugh	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please executed certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funer rector. Page 4 should be farmed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you es.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removol VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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ALCOHOLD A REPORT OF			the E. Melder,	TO THE REAL PROPERTY.
The Residence of the Committee of the				

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) e. COUNTY 3 to the runeral director, Page b. COUNTY Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give neerest town) retained for your Cheverly Dead on arrival d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS Warenville ILL Prince George's General Hospital NAME OF DATE Month DECEASED (Type or print) DEATH .Tames Panenhausen July with 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR 2 with and 2 with X2 hours lest birthdey) 2, and Months Male DIVORCED WIDOWED [This certificate should be executed within 24 hours after 10e. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Office along with form PM3. Page burial-transit permit. File pedesy and dona during most of working life, even if ratired in pencil in Item 18. Give Pages 1, Canton IIIII USA within within 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Elenore Burkhart Herbert 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detas of servica) Hospital Records 8. CAUSE OF DEATH [Entar only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hemorrhage and shock IMMEDIATE CAUSE (e) DUE TO Fracture of the base of the skull, crushed execute the certificate, writing the word "pending" gave rise to immediate cause 60 Medical Examiner's DUE TO (a), stating the undarlying 88 OF chest, fracture of the left femur pesn eq cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY CERTIFICATION YES NO plnods 2De. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 2Db. DESCRIBE HOW INJURY OCCURED, (Enlar netura of injury in Pert I or Part II of item 18,) object MEDICAL EXAMINER CAUSE OF DEATH. Driver of an auto that ran off road striking fixed, should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 2Dd. INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, ferm, ' 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yeer (County) factory, street, office bldg., etc.) Not While 0 6 Out work at work Route Muirkirk prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry X death resulted from: Suicide Natural causes Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE July 24, 1960 EXAMINER'S James I. Boyd NAME Type Address (Streat, city, town, or county) 22a, BURIAL CREMATION. 22d. LOCATION (City, lown, or country)
Hinsdale ILL DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY A OH 940 Reverdale proof. 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME arthur & Hayes DATE !!!! 2 8 '60

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

YES NO

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IF UNDER 24 HRS

PERFORMED?

Md.

reince George to Dept. on beat THEY SEE Prince Goorge's General Hospital Marguille ILL K Papenhauren THE CHERT. Cen 13, 1997 22 ofic of LII Inormo Fienere Burinert Hospitel Records Nooda San susriggonoH En other of the been of the shull, ordered onest, fracture of the left fewer 700,00 Driver of an auto that men are need atministration 6:15 T/24 60 Soute # 1 Soute P. G. Mit. Hindale III The the said of the said of the said said the said of the said said of the sai

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TO DEPLITY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after deoth. If any delay is necessary, please exe-	cute, entiticate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral sector. Page 4 should be	vo and to the Chief Medical Examiner's Office along with form PM3. Page 5 may be rel	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prigade burial, cremation,	emoval.
101	DO .	for	10 F	ar

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. N.D. 8356
	PLACE OF DEATH O. COUNTY O. STATE Description O. STATE Description O. COUNTY O. STATE Description O. STATE Description O. STATE Description O. COUNTY Description O. STATE Description O. STATE Description O. COUNTY Description O. STATE De
ь	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cod give nearest town) Cod give nearest town)
9	1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 7/23 - Cabat Sheet 97 (23 Cabat Sheet yes 10 NO 123 Cabat Sheet 125 NO
- (NAME OF First Middle Parell 4. DATE Month Day Year OF CORPORATE LOGIC PEACH 7 27 19 60
5_5	course What WIDOWED DIVORCED Jeh 27, 4886 Months Days Hours Min.
d	USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 12. CITIZEN OF WHAT COUNTRY 12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAME Buscoe 14. MOTHER'S MAIDEN NAME June
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT On or ynknown) (If yes, give war or dates of service) (If yes, give war or dates of service) Real Horling Less to Negal
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CAUSE CONCESSION IMMEDIATE CAUSE (b)
	Conditions, if any, which) (b) Cardebyrescular renal day one
	gave rise to immediate cause (o), stating the underlying cause last. (c) (c)
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq \text{NO} \)
RTIF	20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part II of item 18.)
MEDICA	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a, m, p. m. 19 20d. INJURY OCCURRED at work at work at work 20e. PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.) 20f. (City ar town) (Caunty) (State)
	21. I certify that I took charge of the remains described abave, held an Autapsy, Inspection (inquiry, and find that death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined cause
	ACTUAL SIGNATURE DATE SIGNED M.D. CHIEF MEDICAL EXAMINER DATE SIGNED

VS. A15ME(5) 5M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE Lee Funeral Home

7-29-60

220. BURTAL CREMATION, 22b. DATE THEREOF BURTAL (Specify) 7-29-

EXAMINER'S

ADDRESS Washington D.C.

22c. NAME OF CEMPTERY OR CREMATORY

Cedar Hill

240. REC'D BY REGISTRAR

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

Suitland, Md. 24b. REGISTRAR'S SIGNATURE

22d. LOCATION (City, town, or county)

DATE JUL 2 8 '60

arthur S. Kraus

(State)

MARKAND STATE DEPARTMENT OF REACHER TIMOR
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e. IS RESIDENCE

ON A FARM?

YES NO T

Year

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INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? NO [

(Stote)

SIGNED

(State)

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

(County)

8348

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporole limits, write Montgomery Maryland c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest lown) RURAL and give negrest town) Days Silver Spring d. NAME OF HOSPITAL (If not in haspitol, give street address) d. STREET ADDRESS OR INSTITUTION Prince George General Hospital bil Laughton Ave. DATE Month DECEASED (Type or print) DEATH Traggott

7. MARRIED | NEVER MARRIED | July S. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS au birthday) Aug. 21, 1901 Mahths Male White DIVORCED | WIDOWED [Syrs. 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign country) Civil Engineer I owa 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Julius Pflug Annette 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs.Frances D.Pflug. 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] NIA - LEFT LOWER LOPE PART I. DEATH WAS CAUSED BY: **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, affice bldg., etc.) a. m. While Nat while at wark al work 60 21. I certify that (1) (this hospital) attended the deceased from July 25. 5210Am the couses and on the date stated above to July 27 19 60 that (1) (we) lost saw the deceased alive on July 27 19 60, and that death occurred at. 22a. SIGNATURE ATTENDING PHYS. MED. M.D 22c. PHYSICIAN'S NAME (Type 23b. DATE THEREOF 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) REMOVAL (Specify) 24. FUNERAL DIRECTOR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR arthur & thous

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YES NO

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22b DATE SIGNED

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Hours

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FOR STATE HEALTH DEPT TO DIE Y MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a slay is necessery, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the turneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Fhelith, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	PLACE OF DEATH				NCE (Where decessed lived, If		before edmission)
1	-	e George's	MARYLAND	a. STATE Ma	aryland b. cour	Then A	George
	b. CITY OR TOWN (if ou write RURAL end giv	tside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporete limits, write	e RURAL end give nee	erest town)
	Clinton	o noorogr town,	Transient	Clint	ton		
	d. NAME OF HOSPITAL	OR INSTITUTION (if not in	hospitel, give street eddress)	d. STREET ADDRESS	S		e. IS RESIDENCE
10	Old Grow	P1t		/Rt.#1	Box 671		YES NO
3.	Old Grave NAME OF DECEASED	First	Middle	Last	4. DATE Month		Yoor
	(Type or print)	Joseph	Thornton	PROCTOR	DEATH July	13	19 60
5.	SEX 6.	COLOR OR RACE 7. MA	RRIED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years lest birthdey)		UNDER 24 HRS.
10	Male 0	olored wind	OWED DIVORCED	26 March	1930 30 yrs.	Months Deys	Hours Min.
10a	ne during most of working	(Give kind of work	b. KIND OF BUSINESS OR INDUSTR	Y 11. SIRTHPLACE (Steel	e or foreign country)	12. CITIZEN OF	WHAT COUNTRY?
	Laborer	, me, even in joined,	Construction	Washins	rton D.C.	U.S.	Δ
13.	FATHER'S NAME			Washing 14. MOTHER'S MAIDER	NAME	0.0.	
1	John Osca	r Proctor		Marie Ri	lchardson		
	WAS DECEASED EVER IN	U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. 1	NFORMANT	Address		
1	No	* * *	E1	izabeth J	Proctor (Wil	te) same	88 # 9
	18. CAUSE OF DEA	TH [Enter only one cause	per line for (e), (b), end (c).]		1111	INTER	VAL BETWEEN
	PART I. DEATH W	AS CAUSED 8Y: EDIATE CAUSE (e)	Hemorrhag	e and sho	ok	ONSE	T AND DEATH
	781	DUE TO					
	Conditions, if eny, w		Gun shot	wound of	the head	1 1 1 1	
	geve rise to Immediate	DIJETO					
	(e), stating the under cause lest.	(c)					
Z	PART II. OTHER SIG		CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITION GIV	EN IN PART 1(a) 19.	
CERTIFICATION						YES	PERFORMED?
FFIC	200. EXTERNAL CAUSE PRIMARY FOR CONTR	WAS 2Db. DE	SCRIBE HOW INJURY OCCURED. (I	inter neture of injury In Po	ert I or Pert II of item 18.)		4
CER	PRIMARY For CONTR	IBUTING [Shot in the	head			
3	20c. TIME OF INJURY	Month, Day, Year 2	Od. INJURY OCCURRED 20e. PLA			(County)	(Stete)
MEDICAL	Hour a.m.			ory, street, office bldg., el		D 0	162
1		17	remains described above, he	d an Autopsy		ry and in	my opinion
	death resulted from		, Accident , Suic				my opinion
				CHIEF MEDICAL			
	ACTUAL	* 1	1 C	ASSISTANT ME	DICAL EXAMINER	DA!	TE SIGNED
	SIGNATURE	mer	A1 20 M	M.D.	AL EXAMINER 🕌		
	NAME (Tro)	ames - De	V		, city, town, or county)	7/13/60	,
22e	BURIAL CREMATION,	22b. DATE THEREOF	22c. NAME OF CEMETERY OF		22d LOCATION (City, town	, or country)	(Stete)
	REMOVAL (Specify)	7-16-60	1 St. Toh	n	Chinton	1. Mo	-
23	FUNERAL DIRECTOR	- 1/1/	ADDRESS /	C. MA 1 240. RE	C'D BY REGISTRAR 246. REG	ISTRAR'S SIGNATURE	1-12
1	tuntt K	uneral H	ome, Waldo	2-51, ME DATE	JUL 19'60 C	2 thun S. Krau	A

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND

ALCOCO

25b. REGISTRAR'S SIGNATURE

	83	50		CERTIFIC	ATE OF DEATH		US	2011	!
	PLACE OF DEATH a. COUNTY	ince George	G	MARYLAND	O STATE	here deceased lived. If instituti b. COUNTY			
	b. CITY OR TOWN (RURAL ond give n	ince George If autside carporate filmi earest town)	ts, write	c. LENGTH OF STAY IN 18	c. CITY OR TOWN (If	outside corporate limits, write R			
	d. NAME OF HOSPI OR INSTITUTION	TAL (IP nat in hospitol, g			d. STREET XDDRESS			e. IS RES ON A YES	FARM?
	NAME OF DECEASED (Type ar print)	Frances		ges General Middle	Ouee n	4. DATE Mon OF DEATH	ith D	-/	Year 19 60
S. :	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED DIVORCED		9. AGE (In Years lost birthdoy)	Months Days	_	Min.
10c	during most of wor Housewif	king life, even if retired	done 10b.	KIND OF BUSINESS OR INI None	DUSTRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN C	·A.	OUNTRY?
	father's NAME Iorane Bev	erly			14. MOTHER'S MAIDEN				
	WAS DECEASED EVE is, no, or unknown) No	R IN U. S. ARMED FOR (If yes, give wor or dates of s			INFORMANT Carrie E. Brow	n Step	ress -daughte	r	
		TH WAS CAUSED BY: IMMEDIATE CAUSE (company, which) Immediate DUE TO	In Fe	ne for (o), (b), ond (c).] testinal Obst			OV IN	TERVAL BE	DEATH OWN
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	20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RRED. (Enter noture of injury in	Port I or Port II of item 18.)	15	A	
MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	RY Manth, Doy, Ye	ar 20d. If While at war	Nat while	PLACE OF INJURY (Home, farr foctory, street, office bldg., etc		(County	<i>ı</i>)	(Stote
	saw the decea 22a. SIGNATURE 22c. PHYSICJAN'S NAME (Type)	sed alive on Go	ever Et	I'ENNE	M.D. PHYS. D	SMp from the couses or STAFF PHYS. W	on the date	1/60	abave. b. DATE SIGNED
230	REMOVAL (Specify			23c. NAME OF CEMETERY		23d. LOCKTION (City, town,	or county)	(Stot	

12th St., N. E DATE 1 1 4 '60

ADDRESS

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y illed in ay the funeral may be clined by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and capage 3 shauld be detached for use as the burial-transit permit. Then please remave carban permit state Board of Health priar to burial, cremation, or remaval, and in any event, within 72 haunthe State Board of Health priar to burial, cremation, or remaval, and in any event, within 72 haunthe.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

VR A1S (4) 15M 9/59

24. FUNERAL DIRECTOR'S SIGNATURE

John T. Rhines & Company

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH necessary, please exertor. Page 4 should be PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN III outside corporate limits, write RURA c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If putside corporate limits, write RURAL and give neares) town) 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO T 3. NAME OF Middle **First** DATE Day Month Year DECEASED funer (Type or print) 1960 DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH 9. AGE IF UNDER TYEAR IF UNDER 24 HRS. the and 3 to the retained f Months Days Hours Min. WIDOWED | DIVORCED | YES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 14. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? glyring most of working life, 'eyen if retired) puo 99 TUDDEN 13. FATHER'S NAME moy 14. MOTHER'S MAIDEN'NAME Poge 5 moy poges 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANI Address Fie within Give PM3. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause lost. 0 Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY 00 PERFORMED? NO P 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) pe Exomi 3 should word 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) forward to the Chief Medical factory, street, office bldg., etc.) While Not while 19 o at work at work 21. I certify that I took charge of the remains described above/held on Autopsy ... Inspection . Inquiry ond find that certificate, which deoth resulted from: Natural couses ... Accident V. Suicide . Homicide , SIGNATURE DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type DEPUTY MEDICAL EXAMINER 220. BURIAL CREMATION, 1226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A 15ME(5) Home Waldorf. 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

		LACE OF DEATH			MARYLANI	O STATE	IDENCE (Wh	ere deceased live	b. COUNTY	Residence befo	ere admission)
			nce George					land		ince Ge	
	t	b. CITY OR TOWN (II RURAL and give ne	outside corporate limi arest tawn)	its, write c. L	ENGTH OF STAY IN 11	c. CITY OR	TOWN (If o	utside corporate	limits, write RURA	L ond give ned	arest fown)
			verly		l hour	0.3	Hyatt	sville			
>		OR INSTITUTION	AL (If not in haspitat, g	give street addre	ess)	d. STREET	ADŌRESS				e. IS RESIDENCE ON A FARM?
		Prin	ce Georges	General	l Hospital		4103	Critter	ndon St.		YES NO
	1	NAME OF DECEASED (Type or print)	George	B	Middle	Ridd		4. DATE OF DEATH	July	16	19 60
	S. S	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRT	ıĦ	9. /	GE (In years IF		IF UNDER 24 HRS.
		Male	White	WIDOWED [DIVORCED [1902		gst birthday) M	onths Days	Hours Min.
	10o	. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	dane 10b. KIND	OF BUSINESS OR IN	OUSTRY 11. BIRTHE	LACE (State	or foreign count	γ)	12. CITIZEN OF	F WHAT COUNTRY?
1		Self.	-INATO H MA	N EDMO	ND ART STON	3 Co	VIRG	ALNIA		U.S.	Α,
	13.	FATHER'S NAME		111		14. MOTHER	S MAIDEN N	IAME			
/		Feter	RIL	DLE			111	14 (STAFFO	Ph	
	15.	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16. SOCI	IAL SECURITY NO. 117	INFORMANT	215	7	Address	70	
	Yes	s, no, or unknown)	If yes, give wor or dates of s	228		IRS ALWIL	LEST	RIDDL	E SI	AME A	5 # 2
	-	10 CALISE OF DEA	TH [Enter anly ane co	use per line for	s (a) (b) d (c) 3					LINIT	ERVAL BETWEEN
			TH WAS CAUSED BY:	0	to to	118	a.m.	e ~ 6	offer.		SET AND DEATH
		DUE TO									
	-1	Conditions, if dry, which) (b) (trituo soluotie 14th seseare									
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		cause (o), stoting the lying cause last.									/
	z		IER SIGNIFICANT CON	1	RIBUTING TO DEATH I	LIT NOT PELATED T	O THE TERM	NIAL DISEASE CO	NIDITION GIVEN	INI PART 1/o	YZGATILA ZAW OL
	CERTIFICATION	, AM 11. O	EK STOTTIFICALTY COT	DITIO143 <u>COI41</u>	KIDOTINO TO BEATIT	OT NOT KEDALED I	O THE LEAVE	INAL DISEASE CO	ANDINON ONLIN	III I AKI IQI	PERFORMED?
7	FIC.	20a. ACCIDENT WA	S LINIDERLYING T	20h DESCRIBE	HOW INJURY OCCUP	PED /Enter nature	of injury in I	Port Lor Port II o	of item 18.1		YES NO
	ERT	OR CONTRIBUTING	CAUSE OF DEATH	100. DESCRIBE	THOW INJUNT OCCUP	KED. (Elliel libiole	01 1111017 111 1	011 1 01 1 011 11 0	,, ,,,,,,		
		20c. TIME OF INJUR		001 111110	v o scupped 20-	PLACE OF INJURY	111 6	2006 (6.7)		15	(5)
	MEDICAL	Hour o. m.	Y Manth, Doy, Ye	While	Not while	factory, street, affic			rownj	(County)	(Stote)
	×	p. m.	19	at work	ot work	00	1.0	10	0 11		
		21. I certify tha	t (1) (this haspite) avended	the deceased fran			Q , to	14 16,		nat (1) (we) last
		saw the deceas	ed alive an	My A	19 and tha	death accurre	d all2	AD, fally the	causes and	on the date	stated abave.
		22a. SIGNATURE	Uholi	en X	Kossen)	ATTENDIN PHYS.		ED. S RECTOR P	TAFF PHYS.		22b. DATE SIGNED
		22c. PHYSICIAN'S NAME (Type)	WILLIAM	Dr Ro	SSON, M	530 530	4 Aun	apolisi	Coad, B	adeus	burg Mi
	23a	BURIAL, CREMATIO	7-19-1	1	C. NAME OF CEMETER	OR CREMATORY CHAPEL	CEM	TRIGO	(City, town, or c	ounty) GINI	(Stote)
	24	FUNERAL DIRECTOR' V. W. CHA	s SIGNATURE	10.	ADDRESS rdale, M	vryland	25a. REC'	D BY REGISTRAR	2Sb. REGISTR	AR'S SIGNATU	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08363 CERTIFICATE OF DEATH Reg. Dist. No. . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND MANUEXNIKKY PR.GEO. PRINCE GEORGE'S MARYLAND funerol b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest tawn) RURAL and give neorest town) P WEST HYATTSVILLE vears WEST HYATTSVILLE the d. NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? 8215 NEW HAMPSHIRE AVE. YES NO NO 8215 NEW HAMPSHIRE AVE. NAME OF Middle 4. DATE Lost Manth Year filled DECEASED DAVID SAMUEL ROBINSON DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH UNDER 1 YEAR IF UNDER 24 HRS SEX 9. ASE/(In yeors loss birthdoy) Manths Days Haurs MARCH 20. 1885 WHITE DIVORCED T MALE WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? RUG SALESMAN (semi-retired) DEPARTMENT STORE U. S. A. pup BOSTON. MASS. pou 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician RHEA UNKNOWN HYMAN ROBINSON IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address 578-10-8811A MRS. FANNIE MAY ROBINSON. same as #2 attending INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET AND DEATH 0 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) 5 Min ŧ DUE TO p any gned gove rise to immediate DUE TO couse (a), stating the underte hos been sig burial-transit p pup lying couse lost. WAS AUTOPSY PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) PERFORMED? a YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Doy, 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (Stote) Year (County) factory, street, affice bldg., etc.) MEDI Hour o. m. While Not while of work of work p. m. . 1960 that I last saw the deceased 21. I certify that I attended the deceased fram. and that death occurred of 955 A.M. fram the causes and an the dote stated above DIRECTOR: ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE should JAMES R. COLEMAN FUNERAL NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City. 22c. NAME OF CEMETERY OR CREMATORY (State) poge REMOVAL (Specify) JULY 7,1960 GEORGE WASHINGTON CEMETERY PRINCE GEORGE'S CO.. BURIAL 0

ADDRESS

SILVER SPRING.MD.

VS A1S (4)

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24b. REGISTRAR'S SIGNATURE

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24n, REC'D BY REGISTRAR

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. D. 8.364 filed with director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND funeral b. CITY OR TOWN (If outside corporate limits, write, Jc. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give negrest town) shauld NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM LaSal 20 YES NO pub NAME OF Middle 4. DATE Last Manth Year Day filled DECEASED (Type or print) DEATH 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH lost hirthdoy Months Days WIDOWED D DIVORCED | complet paper 100. USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT-GOUNTRY? death. during mast of working life, even if retired) Barde puo carbon 13. FATHER'S NAME ofter 14. MOTHER'S MAIDEN NAME physician aunders mave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN1 attending 18. CAUSE OF DEATH [Enter only one cause per line for (at), (b), and (c).] d PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) the DUE TO þ ij. Canditions, if any, which gned gove rise to immediate per **DUE TO** cause (o), stating the underono buriol-transit lying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20 20c. TIME OF INJURY Manth, Day, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Yeor 20d. INJURY OCCURRED (County) (Stote) factory, street, affice bldg., etc.) Hour o.m. While Nat while 19 of work ot work 21. I certify that attended the deceased from That I last saw the deceased death accurred at and M, from the causes and on the date stated above. DIRECTOR: ADDRESS (Street, city or town, state) DATE SIGNED pe prior 3 shauld o FUNERAL NAME (Type) / homa BURIAD CREMATION. 22b. DATE THEREOF 22c. NAME OF COMETERY OR CREMATORY 22d. LOCATION (CIN. Mwn, ar county) page (Stote) MOVAL (Specify) he 0 FUNERAL DIRECTOR'S SIGNATURE 246. REGISTIAR'S SIGNATURE 24a. REC'D BY REGISTRAR VS A15 (4) 15M 9/58

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s after death. Page 4

may be Jined by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Board at Health prior to burial, crematian, ar remayal, and in any event, within 72 hears after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSP VR A15 (4) 15M 9/59

8302	CERTIFICA	AIE OF DEAT	П			, - (,
1. PLACE OF DEATH o. COUNTY Prince George	MARYLAND	2. USUAL RESIDENCE o. STATE Maryland	Princ	b. COUNTY	е	
b. CITY OR TOWN (If outside corporate limits RURAL and give nearest town) Cheverly	s, write c. LENGTH OF STAY IN 16	Hillsid		limits, write RU	RAL and give nea	rest town)
d. NAME OF HOSPITAL (If not in haspital, giver in h	ve street address) neral Hospital	1321 57				ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) William		Schaefer	4. DATE OF DEATH	July 2		8 19 60
1/-1- 1.0.24-	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH April 24.	1894 %	. 1 . 61	Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work deduring most of working life, even if retired) Painter	one 10b. KIND OF BUSINESS OR IND	D. C.	ote or foreign count	(א)		WHAT COUNTR
13. FATHER'S NAME		14. MOTHER'S MAIDE	N NAME			
Fred C Schaefer			- Miller	,		
15. WAS DECEASED EVER IN U. S. ARMED FORC (Yes, na, or unknown) (If yes, give wor or dates of ser 18. CAUSE OF DEATH [Enter only ane cau	577-28-7377 A		chaefer	- same		ove
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). Conditions, if ony, which gove rise to immediate cause (o), stating the under-lying couse lost.	Bronchog 8	entosis				TENES.
CATIC	DITIONS CONTRIBUTING TO DEATH BU 20b. DESCRIBE HOW INJURY OCCURR				N IN PART 1(o) 15	PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	200. DESCRIBE HOW HAJORY OCCORN	co. June: notice of injury	III TON TON III	o		
20c. TIME OF INJURY Manth, Day, Year Hour o. m. p. m.		PLACE OF INJURY (Home, factory, street, office bldg.,		town)	(County)	(Sta
21. I certify that (I) (this haspital) saw the deceased alive an au						
22a. SIGNATURE	aluas	M.D. ATTENDING PHYS.		STAFF PHYS.		22b. DATE SIGN
22c. PHYSICIAN'S NAME (Type)	yan	22d. ADDRESS	Prince Ge		.tal	
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 8-1-60			23d. LOCATION	City, town, or		(Stote)
24. FINERAL DIRECTOR'S SIGNATURE	Vash. il. 6		EC'D BY REGISTRAI	2Sb. REGIST	TRAR'S SIGNATUR	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death; Page 4

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VOL. TO FUNEXAL DIRECTOR: After this certificate has	14		
M 9/	55	,	

								Keg. DI	ST. INO.	
1. PLACE OF DEATH		MAR	(LAND 2	USUAL RESIDI	,		lived. If institu	PM		
The state of the s	nce Georges				laryla			rrin	ce Ge	
b. CITY OR TOWN (I RURAL and give no	If autside carporate limits, we earest town)	rile c. LENGTH OF STAY	IN 16	c. CITY OR TO	OWN (If ou	utside carpore	ote limits, write	RURAL and	give nearest	lown)
Rural - Was	hington, D. C	l day	B	ural -	Washi	ington	28, D.	C. 2	1	
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in haspital, give s	street address)		d. STREET AD	DRESS				e. IS	RESIDENCE N A FARM?
	tal, Andrews	AFB, Md.		7305 Ma	rlber	ro Pik	9			NO X
3. NAME OF DECEASED (Type or print)	First Alfree	Middle VINCI		chultz		4. DATE OF DEATH		onth	Doy 14	Year 19 60
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRI	ED 8. [ATE OF BIRTH		5	. AGE (In yea	IF UNDER	TYEAR IF L	NDER 24 HRS.
Male		DOWED DIVORCE		JUNE	187	3	AGE (In year lost birthday year)) Months	Days Ho	urs Min.
100. USUAL OCCUPATION	ON (Give kind of work dane	106. KIND OF BUSINESS	R INDUSTR	11. BIRTHPLA	CE (State o	or fareign cou	intry) .	12. CIT	IZEN OF W	HAT COUNTRY
Ma la wor	king life, even if retired)	Armed France	-/ M	Mis	SAL	IRT		U	nited	Stated
13. FATHER'S NAME	1. 1		1	4. MOTHER'S	AAIDEN N	AME				
HENRY	SAhuL	T2		UNKN	OWN					
	R IN U. S. ARMED FORCES		17. INFC	RMANT		- 11111-1	A	ddress		
Yes. no. or unknown)	(If yes, give war or dates of service	5/7-41-311	Wi	lliam A	Schu	iltz(Sc	n) S	ame as	#2	
18. CAUSE OF DEA	ATH [Enter only one cause	per line far (o), (b), and (c).	1						INTERVA	L BETWEEN
	TH WAS CAUSED BY:	Cancer of S	,						ONSET	ONT HS
101	IMMEDIATE CAUSE (a)	041001 01 0	TOMOT.						7	,
	DUE TO									
Conditions, if a	mmediate					7500				
cause (a), stating	the under-									
lying cause last.) (c)									
PART II. OTH	HER SIGNIFICANT CONDITI	ONS <u>CONTRIBUTING</u> TO DE	ATH BUT NO	OI KELATED TO	THE TERMIN	NAL DISEASE	CONDITION	GIVEN IN PAR	PE	RFORMED?
	AS UNDERLYING 206 CAUSE OF DEATH MEDICAL EXAMINER)	. DESCRIBE HOW INJURY O	CCURRED. (Enter nature of	injury in P	art I or Part	II of item 1B.)			
20c. TIME OF INJUR Hour a. m. p. m.		20d. INJURY OCCURRED While Nat while at work at work		OF INJURY (H y, street, office			or town)	(6	County)	(Stote)
21 Leartify th	nat Lattended the de	ceased from /3	Jul	. 1960	to	14/2	1 104	Cthat I	last saw	he deceased
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220 BURIAL, CREMATIC REMOVAL (Specify)	70 01	22c NAME OF CEM		REMATORY ATION		1/2	ON (City, town	. 1/2		(State)
23. FUNERAL DIRECTOR	S SIGNATURE	a SIG II	at n	1	240 PEC'E	BY REGISTR	AR 24b RF	GISTRAR'S SIE	GNATURE .	
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CERTIFICATE OF DEATH

Chilling & Kraus

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 1

a has been signed by the attending physician and campletely filled in by the funera	ourial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be	1	1
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	tems o 9 Film	6269 8-19-61)_et				
1. PLACE OF DEATH o. COUNTY Prince Georges	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If ins b. COU	titution: Residence before admission) NTY Charles			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Clinton	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Waldorf					
d. NAME OF HOSPITAL (If not in hospital, give street or institution So. Me. Medical Center	oddress)	d. STREET ADDRESS	08.	e. IS RESIDENCE ON A FARM? YES XI NO			
3. NAME OF First DECEASED (Type or print) Alois Shl	Middle agel	Lost	4. DATE OF DEATH July	Month Day Year 7 16 1960 19			
S. SEX 6. COLOR OR RACE WIDOWE		8. DATE OF BIRTH June 1 1884	9. AGE (In y. lost birthd				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	KIND OF BUSINESS OR INDUS	German		12. CITIZEN OF WHAT COUNTRY			
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME				
John Shlagel		un	mown				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17. IN	FORMANT		Address			
no 5	77 26 7907	Mary Shlagel,	Waldorf, 1	Md.			
OR CONTRIBUTING CAUSE OF DEATH	CONTRIBUTING TO DEATH BUT CRIBE HOW INJURY OCCURRED Not while of work 20e. PL For product of the deceased fram.	D. (Enter noture of injury in ACE OF INJURY (Home, forstory, street, office bldg., etc.) ACE OF INJURY (Home, forstory, street, office bldg., etc.) ACE OF INJURY (Home, forstory, street, office bldg., etc.)	Port I or Port II of item 18	PERFORMED? YES NO			
23a. BURIAL, CREMATION, PRINCIPLE CONTROL PRINCI	23c. NAME OF CEMETERY O	emetery		Md.			
24. FUNERAL DIRECTOR'S SIGNATURE Huntt Funeral Home. Walde	ADDRESS Orf. Md.			REGISTRAR'S SIGNATURE			
Huntt Funeral Home, Wald	ATT NICO	DATE	22'60	Wilma & Kraus			

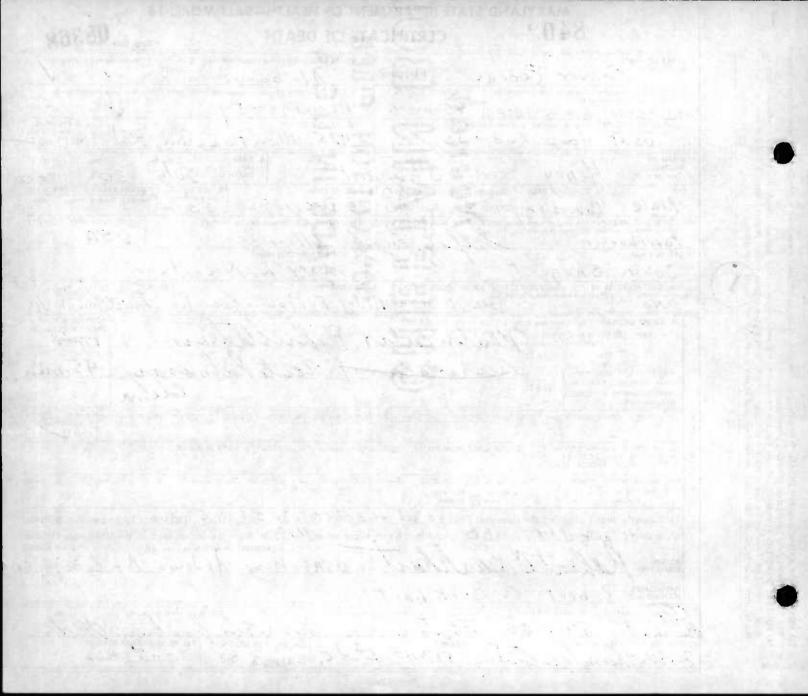
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8402 CERTIFICATE OF DEATH

Reg. Dist. No. 368

1. PLACE OF DEATH O. COUNTY PRINCE GOVYC MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE A la b a ma b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
ANDREWS A.F.B. HOSPT. 45 WIN.	Montgomery 40
d. NAME OF HOSPITAL (If nat in haspital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
USAF Hosp. Andrews	3175 Montezume Rd YES NOB
3. NAME OF DECEASED (Type or print) Henry First A. Shuga	4. DATE Month Day Yeor OF DEATH July 30 1960
Mala	B. DATE OF BIRTH 9. AGE (In years last birthdoy) 10 Dec. 1876 9. AGE (In years last birthdoy) 8. When years last birthdoy) 9. AGE (In years last birthdoy)
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	
during most of working life, even if retired) Poper hanger Sellemployee	L Illinois USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Shugar	Mary E Nicholson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	NFORMANT Address 670014 33 col St
NO 212-16-3133 N	lary F. Proctor (Daugh) Falls Church Va.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	2 tehrillation Imin
E 2 2 DUE TO	- / 000
Conditions, if ony, which its Assistant when the Course of	- dr. te Pulmonne 45 min
gove rise to immediate DUE TO	00/
lying couse last.	lalina
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES [7] NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While Not while of work at work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, affice bldg., etc.)
21. I certify that I attended the deceased from 30 July 10	:301960, to30 July, 11-15, 1969, that I last saw the deceased
	accurred at ///5/2M, from the causes and an the date stated above.
	ADDRESS (Street, city or town, state) DATE SIGNED
SIGNATURE Calent C. Burkhan	MD. USAF HOSP. Ardows AFB 30 July 60
PHYSICIAN'S Robert C. Borkhart	, , ,
226. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) 8-3-60	R CREMATORY 22d. LOCATION (City town, or county) (Stote)
23. FUNERAL DIRECTORIS SIGNATURE ADDRESS W. W. Phambers G. Inc. 517-11=4	DATE MIG 3 '60 Orthur & Kraus
	The state of the s

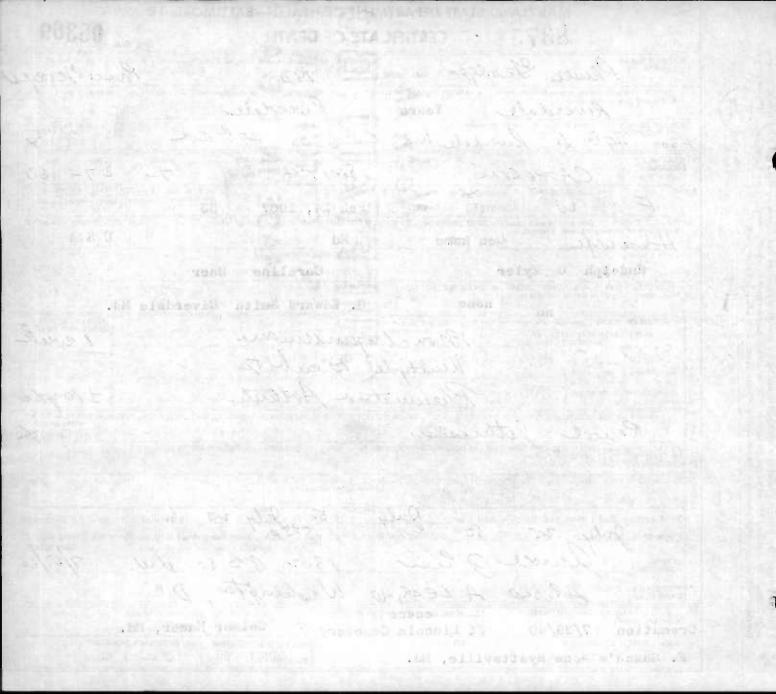


VS A15 (4) 1SM 9/SB

Reg. Dist. No. 8369

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH**

o. COUNTY	Prince	Levi	Rgod MA	RYLAND	o. STATE	Where deceosed I	b. COUNTY	n: Residence be	fore admission)	2
	OWN (If outside corporate give neares) town)	limits, write	c. LENGTH OF STA	3.00	CITY OR TOWN (1	If outside corporol	te limits, write RL	JRAL ond give n	earest town)	
d. NAME OF OR INSTITU	HOSPITAL (If not in hospit	ol, give street of	/	d.	d. STREET ADDRESS	49 R	ave		e. IS RESIDENCE ON A FARM? YES NO	3
3. NAME OF DECEASED (Type or print	CATT	First IEC/N	Mide	dle	5MITH	4. DATE OF DEATH	Mont 7	- 2	7 - 1960	>
5. SEX	6. COLOR OR RA	WIDOWE	DIVOR		Peb 24, 19	9.	AGE (In years lost birthdoy) 53 yrs.	Months Doys	Hours Min.	_
Hours	CUPATION (Give kind of working life, even if rel	rired)	NIND OF BUSINESS		Md	ST.	ntry)		S A	13
3. FATHER'S NA		Eyler			4. MOTHER'S MAIDEN	_	aer			
S. WAS DECEAS (Yes, no, or unknown	SED EVER IN U. S. ARMED (If yes, give war or date	s of service)	SOCIAL SECURITY N		RMANT G. Edward	Smith	Addr. Riverda			
Condition gove rise couse (o), lying cous	ss, if ony, which to immediate DU	BY: EE (o) E TO (b) E TO	Brow head Please	tiple	Reul Art	tente	CONDITION GIVE	00	TO Y/L	011
20a. ACCIDE OR CONTRI	Percol ENT WAS UNDERLYING BUTING CAUSE OF DE- NOTIFY MEDICAL EXAMIN	20b. DESC	iasis		Enter noture of injury i				PERFORMED? YES NO	1
20c. TIME OF		Yeor 20d. IN While of work	Not while of work		OF INJURY (Home, for y, street, office bldg., o		r town)	(County	y) (Stote	e)
21. I cert alive on_ ACTUAL SIGNATURE, PHYSICIAN' NAME (Type	ify that I attended July 2 July 2 Aku	-	1 - 11	tuly at death a m.c.	19 56, to coursed at 5 35 Wash			d an the dat	te stated abave	e.
20. BURIAL, CRI REMOVAL (Cremati	Specify) 7/28/6		22c. NAME OF CE		etery	Colman	ON (City, town, o	Md.	(Stote)	
	ector's signature sch's Sons I	lyattsv	ADDRESS			AUG 1 '60		than's SIGNAT		



VR A15 (4) 15M 9/59

8353

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

08370

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1.	PLACE OF DEATH			MARYLAND	11 6	STATE		b. COUNTY		~		
-		rinceGeorge f outside corporate limi		LENGTH OF STAY IN 15	-	Mary.			rince URAL ond p			
	RURAL ond give ne	heverly		ll days	1	Lau	far					
-	d. NAME OF HOSPIT	AL (If not in hospital, g	ive street od	dress)		d. STREET ADDRESS					e. IS RES	IDENCE
	OR INSTITUTION Prince	Georges Ge	neral	Hospital		1 608	9th St					FARM?
3.	NAME OF	Fir		Middle		Last	4. DATE	Mon	th	Do	У	Yeor
	(Type or print)	Roxie		Ann		Smith	DEATH	July		2		19 60
5.	SEX		7. MARRIE	D NEVER MARRIED	B. DA	TE OF BIRTH		9. AGE (In years lost birthdoy)				
	Female	Black	WIDOWED	DIVORCED [2	2 April	1915	45 yrs.	Months	Days	Hours	Min.
10	a. USUAL OCCUPATION during most of work	ON (Give kind of work king life, even if retired	done 10b. KI	ND OF BUSINESS OR INC	USTRY	N. C.	tote or fareign co	ountry)	12.CITI		S. A	OUNTRY?
30	Dome S	tic			114	MOTHER'S MAIDE	ENI NIAME					
1		Outlaw					Le Lee B	rooks				
15		R IN U. S. ARMED FOR	CES2 14 CC	CIAL SECTIPITY NO. 117	INFOR				ALL			
1	es. no, or unknown)	(If yes, give wor or dates of s	ervice)	CIAL SECURIT NO. 17	Fre	eman Out	law Fa	irland, Add	Ma.			
H							-			1		
		TH [Enter only one co	use per ling	for (o), (b), and (c).]		. 1 0 . 1	1100000	alia.			ERVAL BE	
	TAKI I. DEA	IMMEDIATE CAUSE (o	1	energova	70	mas 1	Acms	nage	_	+	alro	ul
	4-20	DUE TO	0	the same.		10.	1 Non	11 P.	dian		9	day
	Conditions, if o			LIMPONIU	non	uc Can	MATTIN	icucus	MILES	ne		
	couse (o), stoting	DIJE TO										
7	lying couse lost.) (c		AUTRIBUTING TO DEATH	17.107	DELLITED TO THE TO	BUILDIAL BICEASE	COLIDITION	EN LINE DAD	T 14	24/45	ALITORCY
FICATION	PARI II. OIF	IER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH B	UI NOI	KELATED TO THE TE	KWIINAL DISEASI	CONDITION GIV	EN IN PAK	1 1(0) 1	PERFC	RMED?
FICA	20g ACCIDENT WA	E HAIDEBINING I	20h DECCD	IBE HOW INJURY OCCUR	DED /E-	ter nature of lainer	in Part Lar Part	II of item 18)			YES [NO 🔄
CERT	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	ZOB. DESCR	IBE HOW INJURY OCCUR	KED. (Er	iter noture of injury	IN PORT FOR	ii of iiem io.,				
MEDICAL	20c. TIME OF INJUR	Y Month, Doy, Ye				OF INJURY (Home, street, office bldg.,		or town)	(0	County)	195	(Stote)
ME	p. m.	19	While of work [Not while of work	-	anda, anno biog.,	0.0.7					
	21. I certify tha	t (1) (this haspital	attende	d the deceased fram	()	une 26	1260 to	July 7	196	20 th	at (I) (we) last
	saw the deceas		NIDE	7	//	accurred a		the causes an	/			
	220. SIGNATURE	14.00 8	1	1 11			1	A.				b. DATE
	1	William	OM	ossov Lu	N.O.	ATTENDING PHYS.	MED. DIRECTOR	STAFF			7/4	BIGNED
	22c. PHYSICIAN'S NAME (Type)	WILLIAM	DIK	OSSON, M	D.	5304 A	NNAPOL	15 Roy	40	200	117	
2	DISPLANT CREATATION	AL DOL DATE THERE	DE I	22. NAME OF CONSTROY	00.000	ELLATORY.	224 10047	BLADE	USBU	1140	וועו	2.
23	DORIAL (Specify)			Bacontow	D 1	MATORT	Bacca	TON (City, town,	Md.		(Stol	re)
24	. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	. /	25a. F	REC'D BY REGIST	RAR 25b. REGI	STRAR'S SIG	GNATU	RE	
	14.75 A	mande	~	Kerekere	el	Co missate	JUL 6 '6	0 an	Chun S.	thou	LA.	

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8376 CERTIFICATE OF DEATH Rea. Dist. No with director, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNTY MARYLAND the funeral should be fi b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN LIF butside corporate limits, write RURAL and give negrest town? RURAL and give nearest town d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? lau 10 Pulono YES NO T NAME OF First Middle 4. DATE Last Month Year Day **DECEASED** fille Pages (Type or print) DEATH 40415 W. 1960 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years lost birthdoy) B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys DIVORCED T WIDOWED [yrs. 10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) carbon ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remave 72 hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address or dates of service) CAUSE OF DEATH [Enter only one cause] line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH ā, PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) **DUE TO** permit. Canditions, if any, which (b) gave rise to immediate **DUE TO** cause (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d. INJURY OCCURRED Day, Year (County) (State) Hour a. n. foctory, street, office bldg., etc.) While Not while 19 of work at work p. m. 21. I certify that I attended the deceased from 19____,that I last saw the deceased and that death occurred at HORM, from the causes and an the date stated above. alive on ADDRESS (Street, city or town, state) ATE SIGNED ACTUAL pinous Robert Wingfield PHYSICIAN'S NAME (Type) Laurel, Maryland. 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) poge (Stote) REMOVAL (Specify) 7/21/60 Chestnut Grove Cemetery Herndon Virginia 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DAYEUL 2 2 '60 VS A15 (4) 15M 9/55 F. Gasch's Sons arthur S. Hraus Hyattsville, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTHORE, 18

MARYLAND STATE DEPARTMENT OF HEALTH

IVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	DIVISION OF STATISTICAL RESEARCH AND R	RECORDS — BAL
8354	CERTIFICATE	OF DEATH

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1.	PLACE OF DEATH o. COUNTY Pr	inceGeorge	S	MARYLAND	2. USUAL RESIDENCE OF STAJE Maryl	CE (Where o	deceased lived.	If institution: Resid	ence before de	edmission)	
	RURAL and give ne	foutside corporate limi arest town) everly	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	d. NAME OF HOSPIT	AL (If nat in hospitol, g			d. STREET ADDR	43rd	Ave.			S RESIDENCE ON A FARM? ES NO	
	NAME OF DECEASED (Type or print)	Fir	-	Middle	tewart		DATE OF DEATH	Month 16 July	Day	Year 1960	
i. :	Male Male	6. COLOR OR RACE White	7. MARE	NEVER MARRIED	B. DATE OF BIRTH 1 June 1	913	9. AG	E (In years birthday) Manths Tyrs.	T -	UNDER 24 HRS.	
	. USUAL OCCUPATIO		dane 10b.	KIND OF BUSINESS OR INDI		(State or fo	RGH!	FENNA 12.C	US.	HAT COUNTRY?	
3.	NOT AV	AILA 13LE			14. MOTHER'S MA	10T	AVAIL	ABLE			
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	HUSPIT.	AL	RECO	Address ROS			
	Conditions, if ar gave rise to ir cause (o), stoting	TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Ty: which mmediate	d	bel alera	necho de a a	Brc	en f	m		AL BETWEEN AND DEATH	
CATION	PART II. OTH) (c IER SIGNIFICANT CON	DITIONS S	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE	E TERMINAL	DISEASE CON	DITION GIVEN IN PA	1	WAS AUTOPSY PERFORMED?	
CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature of in	ury in Port	I or Part II of i	tem 1B.)			
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Y Month, Doy, Yes	20d. II While of wor	Not while f	PLACE OF INJURY IHom octory, street, office bld		POF. (City or tov	vn)	(County)	(Stote)	
	21. I certify that saw the deceas 220. SCHAINS NAME (Type)) attend	ded the deceased fram19, and that	death accurred at	MED.	Mom the c			(I) (we) last ated abave. 22b.DATE SIGNED	
		NAME OF THE PARTY		/ -		ex	CO,	7,00			

256. REGISTRAR'S SIGNATURE

2So. REC'D BY REGISTRAR

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Page 4	director, ted with	1. PLACE OF DEATH a. COUNTY Prince George MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before adm o. STATE New Jersey Mercer	nissian)
ofter death.	should be m	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Camp Springs (Rural) 14 days d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS d. STREET ADDRESS	
24 hg	lled in by	USAF Hospital AndrewsAAFBWash 25 D.C. 1733 Arena Drive YES 3. NAME OF DECEASED (Type or print) George L. Stoka 4. DATE Month Day DEATH July 8th	□ NO □ Yeår 1960
uted within	ompletely fi pers. Poge h.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) Male Caucasia WIDOWED DIVORCED 9 December 1918 41 yrs. 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHA	IDER 24 HRS
ite be execu	carbon pa	during most of warking life, even if retired)	Α.
h certifica	ling physic se remove n 72 hours	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Yes (If yes, no, or unknown) (If yes, give wor or dotes of service) 154-01-3577 Ruth Stoka (Wife) Same as Item #	2
requires that the deat	in the law requires that the death rading physician. Cate has been signed by the attendire burial-transit permit. Then please ar remaval, and in any event within		
AN: The law			S AUTOPSY FORMED?
PHYSICIV		20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a.m. p. m. 19 While at work at work at work 19 at work 19 work	(State
OR ATTENDING	AL DIRECTOR: After it hould be detached for iron prior to burial, cr	21. I certify that I attended the deceased fram 7 July 1960, to 8 July 1960 that I last saw the alive an 2 July 1960, and that death accurred at 4: 200, fram the causes and an the date stat A. M. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE 1960 AND USAF HOSP AND WASH 7/8 PHYSICIAN'S JAM H POPPELL Capt USAF MC 25, D.C. NAME (Type)	
HOSPI	o FUNER, page 3 s the regist	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 7-11-1960 St Basils Cemetery Hamilton Twp N. J.	itate)
	15 (4) 9/5B	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS / 3 / - // Page REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE JUL 13'60 Only 8. House	

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	8404	CERTIFIC	CATE OF DEATH	Reg	. Dist. No.
a. COUNTY	TH PRINCE GEORGES	MARYLAN	O STATE	ere deceased lived. If institution: Res COUNTY PRINCE GEOR	sidence befare admissian) GES
b. CITY OR TOY RURAL ond g CAMP S	NN (If autside carporate limits, ive nearest tawn) PRINGS	write c. LENGTH OF STAY IN 1		utside corporate limits, write RURAL of APARTMENTS	
d. NAME OF H	OSPITAL (If not in hospital, give		d. STREET ADDRESS 218 AUDREY	LANE	e. IS RESIDENCE ON A FARM? YES NO []
3. NAME OF DECEASED (Type or print)	ALICE	Middle PATRICIA	STULL	4. DATE Month OF JULY	Day Year 23 1960
S. SEX FEMALE	0.177	7. MARRIED A NEVER MARRIED NIDOWED DIVORCED	94	last birthday) Mant	IDER 1 YEAR IF UNDER 24 HR ths Days Haurs Min.
during most a HOUSE 13. FATHER'S NAM	warking life, even if retired)	ne 10b. KIND OF BUSINESS OR IN HOME	DUSTRY 11. BIRTHPLACE (State of CHILE 14. MOTHER'S MAIDEN N		CHILE CHILE
WILLIA	M G	SMITH	DOROTH	IN MARTIN	
IS. WAS DECEASE (Yes, no. or unknown) NO	DEVER IN U. S. ARMED FORCE (If yes, give wor or dates of serv	ES? 16. SOCIAL SECURITY NO. NONE	INFORMANT HUSBAND	Address 218 AUDRES	Y, WASH DC
couse (a), sta lying cause	, 10/-	METASTATIC CARC		NAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO F
PART II 20a. ACCIDEN OR CONTRIBU	T WAS UNDERLYING 2 TING 2 CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	0b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in P	Port I ar Part II of item 1B.)	
Haur o	NJURY Manth, Day, Year i. m. 19	20d. INJURY OCCURRED While Nat while at wark at wark	PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.	20f. (City ar tawn)	(County) (Stat
alive an_		19 60, and that de	ath accurred at 8:30F	OPM 23 JULI 60, that M, from the causes and an ADDRESS (Street, city ar town, state) NDREWS, ANDREWS AT	the date stated abov DATE SIGNI AFR, WASH 25 DO
BURIT	1 JULY 2/19	160 ARLINGT	. /	22d. LOCATION (City, tawn, or courter NGTON VA	7.
DURIT		01 11	ON NATIONAL 240. REC'L	HRLINGTON V.	2.

TO HOSPY OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be coned by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death

after death. Page 4

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If ony delay is necessory, please exe-he funer rector. Page 4 should be

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 8405

08375

1. PLACE OF DEATH o. COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE Maryland b. COUNTY Pr. Geo.					
b. CITY OR TOWN (if outside corporate limits, write RURAL ond give negres) town) Chillum 2 months						
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 503 Greenlawn Drive	d. STREET ADDRESS 503 Greenlawn Drive on a FARM2 yes no G					
3. NAME OF First Middle OECEASED (Type or print) Margaret Koelsch St	ullivan 4. DATE Month Day Year OF DEATH July 19 1960					
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	8. DATE OF BIRTH July 27, 1884 9. AGE (In yeon lost birthdoy) 75 yrs. IF UNDER 1YEAR IF UNDER 24 HRS. Months Days Hours Min.					
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None Practical Nurse	11. BIRTHPLACE (Stote or foreign country) New York USA					
John Bertie	14. MOTHER'S MAIDEN NAME Charlotte Kuhn					
(Yes, no, or unknown) 1 (If yes, give war or dates of service)	atherine Keeley; same address as # 2.					
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying Couse lost. Z. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	cinoma of lung NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY					
ICATIO	PERFORMED? YES NO TENTER N					
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, form. 20f. (City or town) (County) (State)					
21. I certify that I took charge of the remoins described obcode death resulted from: Natural causes , Accident , Sui ACTUAL SIGNATURE	The state of the s					
220. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Removal 7/22/60 Cedar Grove	CREMATORY 22d. LOCATION (City, fown, or county) (Stote) Cometery Patchogue, New York					
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS The S. H. Hines Co. Washington,	D. C. DATE JUL 21 '60 24b. REGISTRAR'S SIGNATURE					

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If ony delay is necessory, please executed perfectly rections to the funer force. Foge 4 should be forwarded to the Chief Medical Examiner's Office olong with form PM3. Page 5 may be retained for your less.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriot-transit permit. File pages 1 and 2 with the registrar prior to buriot, are made to the contraction of the prior to buriot. VS. A15ME(S) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8406

CERTIFICATE OF DEATH

Reg. Dist. 108376

_													
1.	PLACE OF DEATH a. COUNTY Prin	ce Georges		MARY	AND	2. USUAL RESID	ence (wh	ere deceased	l lived. If institution b. COUNTY	Princ	e befor	odmiss	ian) OS
K	b. CITY OR TOWN (I	f outside carporate limi earest lown) (Wash.21,1	ts, write	c. LENGTH OF STAY 3 months	N 16				ote limits, write R sh.21, D.C		ive nea	rest town	1)
,	d. NAME OF HOSPIT	AL (If not in haspital, g	ive street	address)		d. STREET AL		Place					DENCE FARM? NO X
	NAME OF DECEASED (Type or print)	WALDO	sl	Middle ROY		TAYLO		4. DATE OF DEATH	Mon July	6th,	Day	,	Year 1960
5.	Male Male	6. COLOR OR RACE White	7. MARE	RIED A NEVER MARRIE		DATE OF BIRTH			9. AGE (In years last birthday) 49 yrs.	IF UNDER Months	Days	Hours	R 24 HRS. Min.
100	during most of work Mechanic	ON (Give kind of work or king life, even if retired		kind of Business o	R INDUST			or foreign co Virgin		-	IZEN O	F WHAT	COUNTRY?
13.	Robert A	. Taylor				14. MOTHER'S Sally		_					
		R IN U. S. ARMED FOR	ervice)	SOCIAL SECURITY NO.		ormant na M. Ta	ylor,	6715	Elroy Pl		ash	.21,	D.C.
	Canditians, if a gave rise to i cause (a), stating lying cause last.	mmediate (DUE TO	1	a-cliac mphosa								6 m	mtls
CERTIFICATION	PART II. OTI			CRIBE HOW INJURY OF						EN IN PAR	1(0) 1	PERFO	AUTOPSY PRMED?
MEDICAL CERT	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER) Y Manth, Day, Yes	or 20d. Ii While		20e. PLA	CE OF INJURY (Fory, street, affice	lame, farm	. 20f. (City		(0	County)		(State)
		at lattended the last service. The ETTE	., 12 <u>(</u>	co mon.	м	occurred at		ADDRESS (St	the causes of reet, city or town.	and an th	ne dat	te state	6/196
	Burial (Specify))F	Sunrise C				Low M	oor, All	ghan			, Va.
23.	W.Chamber	s Signature S Co., 517-	-11th	st.S.E.Wa	sh.D.	.C.	24a. REC'I	JUL 8	AR 24b. REGI	Chillum			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4 may be already the hospital or attending physician.

TO FUNDARI DIRECTOR: After this certificate has been signed by the ottending physician and completely filled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the registror prior to burial, cremation, or removal, and in any event within 72 four electh. TO FUN VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 8369 Rea. Dist. No with directar, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNTY o. STATE b. COUNTY MARYLAND funeral c. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town b. CITY OR TOWN (If outside corporate limits, write pe RURAL and give nearest town) bluods e. IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address) ON A FARM? OR INSTITUTION 2 YES NO and 4. DATE NAME OF Middle Month Yeor filled DECEASED OF DEATH ages (Type or print), 19 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years 6. COLOR OR RACE 5. SEX 7. MARRIED NEVER MARRIED completely rthdoy) Months Dovs Hours WIDOWED DIVORCED | papers. 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working live even if retired) BIRTHPLACE (State or foreign country) and pan after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 5 Car physicio remave IS. WAS DECEASED EVER IN U. SARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT ar or dates of service) attending please INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), one (c).] PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) the DUE TO þ Conditions, if ony, which permit. gned gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. burial-transit an PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? has YES NO T 20a. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING A CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED (County) (Slote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work 19 20 that I last saw the deceased 21. I certify that I attended the deceased fram detached and that death accurred M, from the causes and an the date stated above. alive an DIRECTOR: ADDRESS (Straet, city or town, stote) DATE SIGNED ACTUAL pe SIGNATURE pri shauld O FUNERAL NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAMI OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) page REMOVAL (Specify) 60 **ADDRESS** 24b. REGISTRÁR'S SIGNÁTURE FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR VS A15 (4) 15M 9/SB

that the death certificate

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FOR STATE HEALTH DEPT.

TO DE Y MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a play is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the twieral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Phy pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any eyent within 72 hours after death. VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

03:);) MEDIC	AL EXAMINER 3	CERTIFICA	IE OF DEATH	118318
1. PLACE OF DEATH			2. USUAL RESIDEN	ICE (Whare decaasad lived, If	Institution: Rasidance bafore admission)
	rince George	9 MARYLAND	Washing	ton. D. O. b. COUN	ITY
b. CITY OR TOWN (i	f outside corporata limits,	c. LENGTH OF STAY IN 16		(If outside corporate limits, write	RURAL and give neerest town)
Chever	giva nearast town)	38 days	Weght	ngton, D.C.	1174-3
		in hospital, give straat address)	d. STREET ADDRESS		I . IS RESIDENCE
7 Prince	e George Ger	n Hospital	1100 F S	st., N.E.	YES NO
3. NAME OF DECEASED	First	Middla	Last	4. DATE Month	Day Yaar
(Typa or print)	Margaret		THORNE	DEATH July	n B 19 60
5. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED 8	. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS.
Female	Cauc WID	OWED DIVORCED	16 Oct 188	1 78 yrs.	Months Deys Hours Min.
10a. USUAL OCCUPATI	ON (Giva kind of work 1- rking lifa, avan if retirad)	Ob. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWI			MAR	YLAND	U.S.A
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
UNKN	NWN		UNKNO	NWN	
15. WAS DECEASED EVE	R IN U.S. ARMED FORCES?		NFORMANT	Address	4 WOODBERRY ST.
(Yas, no, or unkown) (If	iyas giva war or datas of service)	NONE MR	thomas TH		ERSITY PK. M.D.
	EATH [Enter only one cause	par lina for (a) (b), end (c)	H	1 ONIVE	I INTERVAL BETWEEN
	H WAS CAUSED BY	Cenelos	1 Thron	lonia	ONSET AND DEATH
912	jun	- Coleria	Chrono	4000	
Conditions, if any	DUE TO	Frankin	id hemma	100	
gave rise to immadia	ate cause	Maero	ay years.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(a), steting tha ur	ndarlying DUE TO				
causa last.	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T DELATED TO THE TERM	INAL DISEASE CONDITION CIV	EN IN PART I(a) 19. WAS AUTOPSY
DE TAKE II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTION TO DEATH DOT NO	TREES TO THE TERM	THAL DISEASE CONDITION GIV	PERFORMED?
[]	NCC NAC LOOL D				YES NO
PART II. OTHER OF STREET STRE	NTRIBUTING ZDb. D	ESCRIBE HOW INJURY OCCURED. (E	grar natura of Injury In Pa	n I or Parl II of Ifam 18.)	
		Tall in si	reel		
2Dc. TIME OF INJUI		2Dd. INJURY OCCURRED 200. PLA While Not While A fagt	CE OF INJURY (Home, far. ory, street, office bldg., etc		(County) (Stata)
	1780		ont of lange	monal Cemetary.	Wash D.C.
21. I certify th	at I took charge of the	remains described above, he	ld an Autopsy .	Inspection , Inquir	y and in my opinion
death resulted f	rom: Natural causes	Accident X, Suici	ide, Homicide	, Undetermined m	anner
	1 -0.4		CHIEF MEDICAL	EXAMINER	
ACTUAL SIGNATURE	17. Carlo	aloney	M.D. ASSISTANT MED	DICAL EXAMINER	DATE SIGNED
EXAMINER'S	7	M	11 DEPUTY MEDICA	AL EXAMINER	7-7-1966
NAME (Typa)	JOHN 1-	MALONEY.		city, town, or county)	
22a. BURIAL, CREMATIO REMOVAL (Specify)		22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town,	or country) (State)
Burial	7-11-1960	Congression	f Com	Washingto	n, D.C
23. FUNERAL DIRECTOR	n 10	ADDRESS A AA	24a. REG	C'D BY REGISTRAR 249. REGI	STRAR'S SIGNATURE
W.W. Cho	imbers 60	Kiverdale, YV	100 DAILL	12'60 auch	of & Kraus

Washington, D. C. 641000 000181 .0.0 notworks w. 0.0. Prince George Gen Hospital 1100 F St., 1.5. THE STREET the agray. Founds Cane 16 000 1881 178 E SAMETAN METAN ALER SERVICE STATE OF THE SERVICE SERVICE STATE OF THE SERVICE STATE OF

ending physician and completely filled in by the funeral directar, slease remove carbon papers. Pages 1 and 2 should be filed with any event, within 72 hards, after death.

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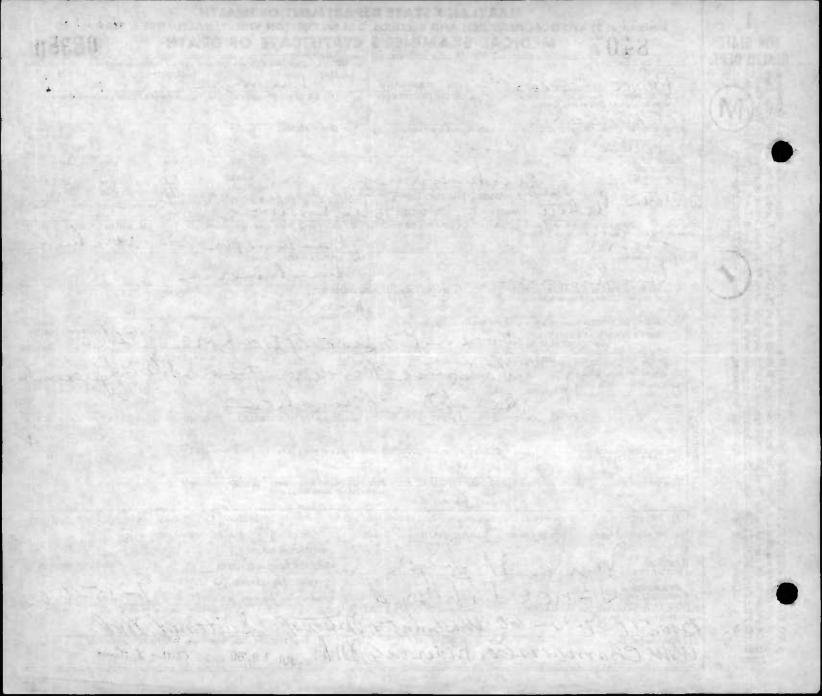
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TO HOSP OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO BINEDAL DIPECTOR After this certificate has been signed by the attending physician and completely filled	Done 3 should be detached for use os the burial-transit permit. Then please remove carbon papers. Pages 1	
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M	A	RYLAND	STATE	DEF	ARTA	VEN	r OF	HEA	ALTH	
DIVISION	OF	STATISTICAL	RESEARCH	AND	RECORI	os —	BALTIN	ORE	1, MARY	LAN
		CE	RTIFIC.	ATE	OF	DEA	HTA			

8330	CERTIFICA	IL OI DEATH			
1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Who. STATE	ь, с	OUNTY	before odmission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	utside corporote limits,		
d. NAME OF HOSPITAL (If not in haspital, give street ac OR INSTITUTION		d. STREET ADDRESS	6-		e. IS RESIDENCE ON A FARM? YES NO
Prince Georges (eneral	5101 Emers			
3. NAME OF DECEASED (Type or print) Mildren	Middle Virginis	lost Last	4. DATE OF DEATH	Month	Day Yeor
		B. DATE OF BIRTH	9. AGE (I		YEAR IF UNDER 24 HR
Femala WIDOWED	A	10-12-10	last bid		Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. Kl during most of working life, even if retired)	ND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote)		12. CITIZ	EN OF WHAT COUNTRY
13. FATHER'S NAME Junhaus	2	14. MOTHER'S MAIDEN N	NAME of	ng,	
15. WAS DECLASED EVER IN U. S. ARMED FORCES? 16. SC	OCIAL SECURITY NO. 17. IN	lacton II	Saget	May	lary, Ula
18. CAUSE OF DEATH Enter only one couse per line	for (a), (b), and (c),]	7/	1	Part -	INVERVAL BETWEEN
DIATE DESTRUCTOR BY					12 hours
IMMEDIATE CAUSE (a)	barachnoid He	morrnage			TS HOMES
OCC DUE TO					
Conditions, if ony, which) (b) Rup	tured Aneurys	m of the Circ	le of Will	is	12 hours
gove rise to immediate DUE TO					
lying couse last.					
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE CONDIT	TON GIVEN IN PART	1(a) 19. WAS AUTOPS' PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I ar Port II of iten	1 18.)	A
20c. TIME OF INJURY Month, Doy, Year 20d. IN. Hour a. m. While p. m. 19 of work	_ Not while fo	ACE OF INJURY (Home, farm ctory, street, office bldg., etc		(Co	ounty) (State
21. 1 certify that (I) (this haspital) attende	d the deceased from	10	to	10	that (I) (we) la
	19 , and that a				
220. SIGNATURE			ED. STAFF	& Chief	Resident
22c. PHYSICIAN'S NAME (Type) L. A. S	AYAN.	220. ADDRESS	Jeorge.	V/tag	sitel
230 BURIAL, CREMATION, 23b. DATE THEREOF	230 NAME OF CEMETERY C	CREMATORY LLC .	23d DOCATION (City	y, town, octaumy)	(State)
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2Sa. REC'	D BY REGISTRAR 2	56. REGISTRAR'S SIG	NATURE
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH **BALTIMORE 1. MARYLAND** EXAMI Item 9 FilmG267 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY Page alth, a. STATE b. COUNTY is necessary, files. MARYLAND TEOREE'S buld be executed within 24 hours after death. If any in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. If Office along with form PM3. Page 5 may be retained for your fill burial-transit permit. For pages 1 and 2 with the State Board of Phanial-transit permit. For within 72 hours after death. b. CITY OR TOWN (if oulside corporete limits, c. LENGTH OF STAY IN 16 g. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street eddress) ad. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF Middle 4. DATE Month Year DECEASED OF (Type or print) DEATH 19 (50 VB. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. estation st birthdey) Months Dave Min. WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (Stata or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) no 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no. or unkown) i (Ifyas giva war or datas of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] Office along w burial-transit po INTERVAL BETWEEN SET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO "pending" Examiner's (gave rise to immadiata causa DUE TO (a), stating the undarlying 0 cause last be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU ING TO DEATH BUT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? execute the certificate, writing the word Medical NO should cren 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. the the certimes is forwarded to the Chier is forwarded to the Chier is forwarded to but Chief 3 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, form, ! 20c. TIME OF INJURY Month, Dey, Yeer 20f. (City or town) (County) (Stata) factory, street, offica bldg., etc.) Not While Whila Hour a.m. at work at work p.m. 19 should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection | L and in my opinion Undetermined manner death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Typa) Address (Streat, city, town, or county) 9889 DE 22a, BURIAL, CREMATION. 22b. 22c. NAME OF CEMETERY OR 22d. LOCATION (City, town, or country 940 REC'D BY REGISTRAR I VS. A15ME 5M 7/59 VVVVVVXVV



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

08382

PLACE OF DEATH o. COUNTY	Prince Ge	orges	MARYL	AND	2. USUAL RESIDENCE 0. STATE	E (Where deced Marylan	- b. COUNT			Georges
b. CITY OR TOWN	If outside corporate limits, writ	e RURAL	c. LENGTH OF STAY IN		c. CITY OR TOWN	Beltsv	porote limits, write	RURAL and	give neo	prest town)
d. NAME OF HOSPI 10608 Wor	tal or institution (cester Aven	If not in hos	pital, give street address)		10608	worces	ter Aven	nue		e, IS RESIDENCE ON A FARM? YES NON
3. NAME OF DECEASED (Type or print)	Theres:		Middle	Vi	tielliss	4. DATE OF DEATH	July		Doy	Year 1960
5. SEX Female	6. COLOR OR RACE white	7. MARRII	D DIVORCED		Oct. 15	, 1898	9. AGE (In years lost bishday) Of yrs.			F UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPAT during most of work HOUSE	ing life, even if retired)	done 10b. I	CIND OF BUSINESS OR IN	NDUST	11. BIRTHPLACE (SI		country)	12. CITIZ		WHAT COUNTRY?
13. FATHER'S NAME John	Stelli				14. MOTHER'S MAIDE		Ciccole	2		
15. WAS DECEASED E Yes, no, or unknown) NO	VER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.		oscoe W. V:	itielli	Address SS; Same		ss a	s # 2.
Conditions, if gove rise to imm (o), stating the couse lost. PART II. OT	underlying DUE TO		Ruptured hea		OT RELATED TO THE TE	RMINAL DISEAS	SE CONDITION GIV	VEN IN PART		WAS AUTOPSY PERFORMED?
20g. EXTERNAL CAPRIMARY OF CO	ONTRIBUTING 20	b. DESCRIBI	HOW INJURY OCCURR	ED. (E	nter nature of injury in	Part I or Part I	of item 18.)			
20c. TIME OF INJU		While			E OF INJURY (Home, f ry, street, office bldg.,		y or town)	(Coun	ity)	(Stote)
21. I certify	hat I took charge	of the recauses R	emains described Accident [],			ide	ER 🔲	cause .		and find that DATE SIGNED
220. BURIAL, CREMATI BENCYAL ISpecify	ON, 226. DATE THEREO	1960	22c. NAME OF CEMETER Mt Olivet				ington D			(Stote)
23. FUNERAL DIRECTO	r's signature ch's Sons	Hyat	ADDRESS tsville, Md			IL 11 '60		STRAR'S SIGN		

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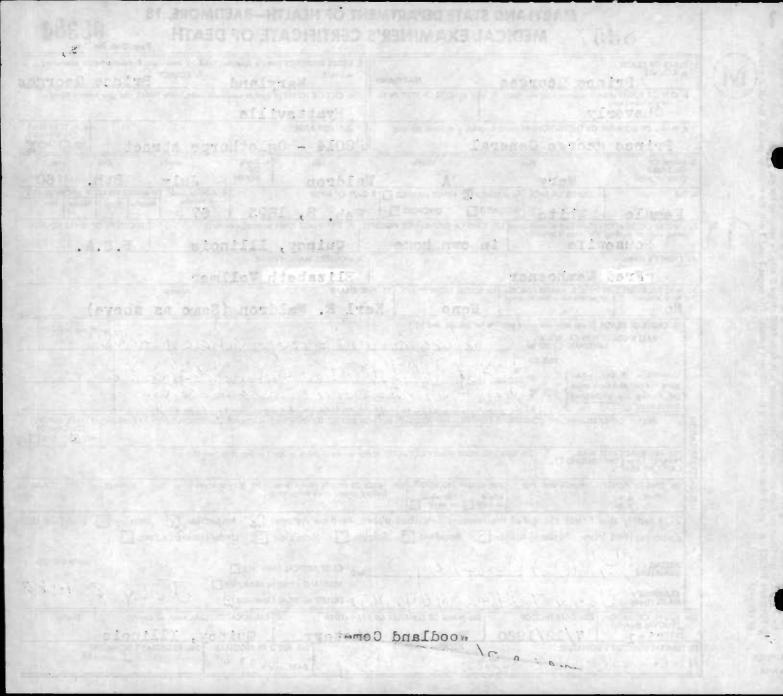
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Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY R CORGE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give rearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 1350 ALE ALE	d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? YES \(\) NO \(\)
3. NAME OF DECEASED (Type or print) MARY BAKER	MAitE 4. DATE Month ZE 1960
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. loy birthday) White 20, 1877 83 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, well if retired)	STRY 11. BIRTHPLACE (State or foreign country). 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Koy A. WAITE as aford
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	Brerielo-Nophrile, Interval Between ONSET AND DEATH
Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)	Orterio Jebros 10 yr +
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH WE DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH WE DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTION O	D. (Enter nature of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. st. Pp. m. 19 While of work of work	ACE OF INJURY (Home, form, ctory, street, affice bldg., etc.) (City or town) (County) (Stote)
21. I certify that I attended the deceased fram 7.5 alive an 12.4 2.6, and that death	accurred at 130 M, fram the causes and an the date stated abave. ADDRESS (Street, city or town, stote) DATE SIGNED ADDRESS (Street, city or town, stote)
PHYSICIAN'S W.L. ETIENNE	College MABK My
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF The Lincoln Company of th	(0.010)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. Gasch's Sons Hyattsville, Md.	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE AUG 1 '60 CINTURE & HUMAN

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15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO

1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]

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20d. INJURY OCCURRED

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PART I. DEATH WAS CAUSED BY:

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2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Prince George Co c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Forrestville. d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Dorsey Last 4. DATE Month Yeor Walton DEATH July 19 60 B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lost birthdoy) Months Days DIVORCED yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Washington, D. U.S.A. 14. MOTHER'S MAIDEN NAME Unknown 17. INFORMANT Address INTERVAL BETWEEN ONSET AND DEATH BREAST, MOLTIPLE ORGAN METASTASES ARCINOMIZ OF THE BREAST PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO F 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased fram. July 20 1060 to July 31 19.60, that (1) (we) last __19_60, and that death accurred at 8.05pfram the causes and on the date stated above. MIGNED ATTENDING MED. M.D.

22c. PHYSICIAN'S James Duke, M.D. NAME (Type) 23b. DATE THEREOF

22d. ADDR 6607 7 Riverdale Road

(Stote)

OR CREMATORY

Middle

25g, REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

or county)

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23d. LOCATION LEity.

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5. SEX

(Type or print)

Female

13. FATHER'S NAME

Housewife

Conditions, if any, which

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couse (o), stoting the under-

p. m.

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

Month

lying couse lost.

20c. TIME OF INJURY

Hour o. m.

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23o. BURIAL, CREMATION,

REMOVAL (Specify)

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during most of working life, even if retired)

George Washington

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CERTIFICATE OF DEATH

08386 Reg. Dist. No

1, PLACE OF DEATH O. COUNTY PRINCE GEORGES MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE DISTRICT OF COLUMBIA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ANDREWS AIR FORCE BASE	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) / 8 WASHINGTON
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION USAF HOSPITAL ANDREWS, WASH 25 DC	/ d. STREET ADDRESS 2310 NORCROSS STREET SE 6. IS RESIDENCE ON A FARM? YES NO NO
3. NAME OF DECEASED (Type or print) First Middle	NEBER PEATH JULY 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVE	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 11 JULY 1960 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired) NONE NONE	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? MARYLAND UNITED STATES
13 FATHER'S NAME J. Weter	Margaret M. GAMPUZANO
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO NONE 16. SOCIAL SECURITY NO. 17. I	HOSPITAL RECORD
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PROPERTY OF THE P	ishess syndrome interval Between ONSET and DEATH
Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying cause lost. DUE TO DUE TO (b) DUE TO (c)	sirke 8hr 15ma
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part 1 or Part 11 of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a. m. 19 While Not while of work 19 19	ACE OF INJURY (Home, form, ctary, street, office bldg., etc.) (City or town) (County) (State)
	M.D. USAF HOSPITAL ANDREWS 12 JULY 196 ANDREWS AIR FORCE BASE, WASHINGTON 25, DO
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	or CREMATORY 22d. LOCATION (City, town, or county) p(State)
23. FUNERAL DIRECTOR'S SIGNATURE Sons Hyattaville	la ma 240. AEC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE CICLM S. House
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ely filles of by the funeral director. Pages 1 and 2 shauld be filed with may be bined by the hospital ar attending physician.

O FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar priar to burial, crematian, ar remaval, and in any event within 72 hours after death. TO FUNE

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

urs ofter death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 8359 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY 9-ECRGES MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) ploods UITLAND d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? RINCK (TEORGE 4712 C HURON AVE YES NO D NAME OF DECEASED 4. DATE Middle Month Day Yeor OF DEATH (Type ar print) BBSTER 1966 5. SEX 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days E CAUCASIAN WIDOWED DIVORCED | 189 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (Stote or foreign country) RICULTURAL 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MCNEELY MADORA HARLES IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address COWISON GRAHAM, P WASH 18. CAUSE OF DEATH [Enter only one couse per line for Jo). INTERVAL BETWEENS ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NOP YES [200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work 21. I certify that I attended the deceased fram. 19 that I last saw the deceased and that death occurred at 1200 MM, fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) CEMETER MENNA

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

hambers 60 Riverdale 9

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MARYLAND STATE DEPARTMENT OF HEALTH-LALTIMORE

CERTIFICATE OF DEATH

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				Keg. Dist. No.
1. PLACE OF DEATH a. COUNTY	MARYLAND	a. SIAIL	b. COL	stitution: Residence before admission)
Prince George	3999	Mary	Land	Prince George
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside carporate limits, w	rite RURAL and give nearest tawn)
Cheverly		Bast Hy	rattsville	
d. NAME OF HOSPITAL (If not in haspital, give street addr OR INSTITUTION	(ess)	d. STREET ADDRESS		e. IS RESIDENCE
Prince George Hospit	tal	15602 Ha	milton St	. Hyattsvil Deno
3. NAME OF First	Middle		4. DATE	Manth Day Year
(Type or print) Norvelle	W	Wharton	OF.	July 9, 1960 19
SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In)	
Male White WIDOWED	DIVORCED	Feb. 12, 19	lost birtho	yrs. Manths Days Hours Min.
Da. USUAL OCCUPATION (Give kind of work dane 10b. KINI	D OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State o	r foreign country)	12. CITIZEN OF WHAT COUNTRY
during_mast at working life, even if refired)	niture	Va.		U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	000,071
Charles Wharton		Bessie I		
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC	TAL SECTION NO 17 H	NFORMANT	mildi ooil	Address
Yes, no. or unknown) (If yes, give war or dates of service)			F/00 T	
18. CAUSE OF DEATH [Enter only one cause per line for		ita 5. Whart	OII 2002 F	Mamilton St. Hytt
Conditions, if any, which gave rise to immediate cause (a), stoting the <u>under-lying cause lost.</u> (b) DUE TO (c)	a of le	aiyux	y lin	ge zyr.
PART II. OTHER SIGNIFICANT CONDITIONS CONT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CITE EITHER, NOTIFY MEDICAL EXAMINER)	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION	N GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	HOW INJURY OCCURRED	D. (Enter nature of injury in Pa	ort I or Part II of item 18	
		ACE OF INJURY (Hame, form, tary, street, affice bldg., etc.)	20f. (City or tawn)	(County) (State)
Pour a. m. 19 While at wark		, siree, direct blog., etc.,		
21. I certify that I attended the deceased f	from 2 2	1258, 10 7	19 10	1-34-411-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4
alive an 7/9 1800				(c) that I last saw the decease
Charles on the control of the contro	-, Lyana mar deam	accurred of 3 very	DDRESS (Street, city or t	es and an the date stated above
ACTUAL HARO	eage	27/7-2	AH AUG	Jales on the state of the state
PHYSICIAN'S		w.b. 2/1-/	20 4 0	- (1 6 (1
NAME (Type) (780 198 0) MA	19eAge	311/-3	007240	e Coffage Coff M
REMOVAL (Specify)	C. NAME OF CEMETERY OF		22d. LOCATION (City, to	
Burial 7/12/60 3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	oln Cemeter	y Princ	
11 74 77 77 77			BY REGISTRAR 24b.	REGISTRAR'S SIGNATURE
Waller W. Deal Himenel	Hama /079	C RITTI DATE		0 K 44

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after moy be used by the haspitol ar ottending physicion.

O FUNEXAL DIRECTOR: After this certificate hos been signed by the ottending physician and completely filled page 3 should be detached for use as the buriol-transit permit. Then please remove carbon popers. Pages 1 and the registrar prior to buriol, cremation, or remayol, and in any event within 72 hours after death. TO FUNE

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		Property Company Laborate College

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Items 9.14 FilmG267 7-26-60 et CERTIFICATE OF DEATH

8411

08389

	O .L .L .X					eg. Dist. No	9.
1. PLACE OF DEATH a. COUNTY PRINCE	GEORGES	MARYLAND	2. USUAL RESIDENCE (WHO STATE INDIANA	ere deceased liv	ed. If institution: b. COUNTY	Residence bef	ore admission)
b. CITY OR TOWN (If outside corporate limits, we	ite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside carporate	limits, write RUR	AL and give ne	earest town)
A R AND DESCRIPTION	AIR FORCE BAS	E	CULVER C	ITY	5	1 X-	3
d. NAME OF HOSPI OR INSTITUTION	TAL (If nat in haspital, give st	reet address) 25, DC	d. STREET ADDRESS			1	e. IS RESIDENCE ON A FARM?
USAF HOS	P ANDREWS, AN	DREWS AFB, WASH	CULVER MI	LITARY A	ACADEMY		YES NO XX
3. NAME OF DECEASED (Type or print)	First IDA	Middle L	WHITE	4. DATE OF DEATH	Month JUL		8 1960
5. SEX FEMALE	6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED DOWED MONTH DIVORCED	B. DATE OF BIRTH 25 OCTOBER 18	9.		Months Doys	R IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION	ON (Give kind of work done king life, even if retired)	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or foreign caunt	ry)	12. CITIZEN C	F WHAT COUNTRY?
HOUSEWIF		NONE	PENNSYLVA	NIA		UNITED	STATES
13 FATHER'S NAME			14. MOTHER'S MAIDEN N	NAME			O W
BOYD SMI	TH		Unkno	wn			4
15. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO.	NFORMANT		Address		
			MRS MELVYN ES	TEY	SAME AS	#2	A
18. CAUSE OF DE	ATH [Enter only one couse p	er line far (a), (b), and (c).]			7-10		TERVAL BETWEEN
PART I DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	UNCONTROLLABLE S	HOCK				O MIN
2	DUE TO	and the same of th				100	
Conditions, if	(0)	HEAD INJURY				1	O WIN
gave rise to i		41.00					
lying cause last.	(c)			100			
PART II. OT	HER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CO	ONDITION GIVEN	I IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
20a. ACCIDENT W. OR CONTRIBUTING	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRE	D. (Enter-nature af injury in	Part I or Part II	of item 18.)		
20c. TIME OF INJUI Hour a.m.	RY Month, Day, Year 20	od. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form		town)	PR TNCE	(State)
Hour a.m.		hile Nat while work of work	ctary, street, affice bldg., etc STREET	BRAND		GEORGES	1D
21 certify t	nat I attended the dec	eased from 18 JULY	, 1960, to 18			at I last sa	w the deceased
	O TITT SE	casca iroin.	accurred at 2: 45P				
	1+0	1 C			, city or town, sto		DATE SIGNED
ACTUAL	1des/ 1.	m Cann	us USAF HOSP	ITAL AND	DREWS		18 JULY 6
The same of the			M.D.				
PHYSICIAN'S NAME (Type) RC	BERT J MC CAN	N. MAJ USAF (MC)	ANDREWS A	IR FORCE	E BASE.	MASHING	TON 25. DO
220 RURIAL, CREMATIC REMOVAL (Specify	ON, 225 BATE THEREOF	22c. NAME OF CEMETERY CO	R CREMATORY		VER I		(State)
23. FUNERAL DIRECTOR	147	1738 PA AU WAShingT	C. N.W. 24g. REC'	D BY REGISTRAL	0 24b. REGISTE	ARIS SIGNAT	REUS

VS A15 (4) 15M 9/5B

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VS A15 (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8412 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

09534 Dist. No.

메	reg. visi. itv.
	1. PLACE OF DEATH O. COUNTY O. STATE O.
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Southern Maryland Hospital Center Po Box 12. On A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Agree S B Wilkerson 4. DATE OF DEATH JULY 3/ 1960
	S. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED B. DATE OF BIRTH CAUCASIAN WIDOWED DIVORCED JUNE 27 1913 9. AGE (In ydors lift UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) 4.7 yrs. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote ar fareign country) 12. CITIZEN OF WHAT COUNTRY?
)	13. FATHER'S NAME BOB Shorter LULLA WELSH
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, no, or unknown) (If yes, give wor or dates of service) (If yes, give wor or dates of service) (Hosb) Brandywise Brandywise
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ONSET AND DEATH 2-3 6345
	conditions, if ony, which) (b) Generalized Carcinomatosis 6-8 months
	gove rise to immediate cause (a), stating the under- lying cause lost. DUE TO Concludes of Signal Colon. 2-3 491-5
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO X
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m. 19 20d. INJURY OCCURRED While Not while of work at work at work at work at work at work.
	21. I certify that I attended the deceased fram 3000 to 1960, to 300 31 , 1960 that I last saw the deceased alive an 300 31 , 1960, and that death accurred at 1 200, from the causes and an the date stated above.
	ACTUAL SIGNATURE David New M.D. Southern Mary land the sold Signed
	PHYSICIAN'S DAVID N. ROBB Clinton Md. July 31 1760
	22a. BURIAL, CREMATION, PREMOVAL ISPECIFY AUG. 4, 1960 22c NAME OF CEMETERY OR CREMATORY (City, town, or county) (State)
	23. FUNERAL DIRECTOR'S SIGNATURE HUN 66 FUNE & Home Waldorf M 240. REC'D BY REGISTRAY 246. REGISTRAY'S SIGNATURE DATE ALIG 1 0 '60 Gothur & Knaus

Se l.f

Burs ac Aug 4, 1960 arlangton Yational Hung to Waldorf Mid

Arlington, Uniquen

TO HOS

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

08390

8361 CERT		CERTIFICA	TE OF DEATH	08390		
1. PLACE OF DEATH o. COUNTY R. G.	LORGES	MARYLAND	2. USUAL RESIDENCE (W o. STATE		COUNTY D	
b. CITY OR TOWN (If outsic RURAL and give nearest t	de corporate limits, write c. LE	ENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits	, write RURAL ond	give nearest town)
OR INSTITUTION	not is haspital, give street address 'General	rss)	d. STREET ADDRESS	Halleck	54.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Albert	Middle	Williams	4. DATE OF DEATH	Month 7	Day Year 23 1960
male a	hite WIDOWED [8. DATE OF BIRTH -6-189.		rthdoy) Months	Days Hours Min.
Relived at warking life	- 11 1 - 1 1	Station	Engle	e or foreign country)	12. CIT	izen of what country
13. FATHER'S NAME	arles Wa	illiams	14. MOTHER'S MAIDEN	unknow	on	
IS. WAS DECEASED EVER IN U			aura In Will	iame 740	Address Hall	ich et + Height Me
PART I. DEATH WA	AS CAUSED BY:		Thnom bo	515		INTERVAL BETWEEN ONSET AND DEATH
Canditians, if ony, w	(b)	emiA				3mos.
gove rise to immed couse (a), stating the un lying couse lost.	iote	entensi	ve CARdi	o Vascula	An Disen	se Jyrs.
PART II. OTHER SIGNATURE OF CONTRIBUTING III. CA	INIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE CONDI	TION GIVEN IN PAR	PERFORMED?
	The control of the co	D. (Enter noture of injury in	Port I or Port II of iter	n 18.)		
20c. TIME OF INJURY Mo Haur a. m. p. m.	While	Nat while fo	ACE OF INJURY (Home, for ctory, street, office bldg., et	m, 20f. (City or town)	(Georges give neared town) e. Is RESIDENCE ON A FARM? YES NOW Day Year 23 1960 R 1 YEAR IF UNDER 24 HRS. Days Hours Min. TIZEN OF WHAT COUNTRY? A GREAT AND DEATH ONSET AND DEATH ONSET AND DEATH 2 4 ALL. 3 MOS. RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO A (County) (Stote) (County) (Stote) That (I) (we) last the date stated abave. 22b. DATE 7 23 / 20 VIEW M. A. (Stote) VIEW M. A. (Stote)
21. I certify that (I) saw the deceased a				M, from the car		
220. SIGNATURE	Dint Or	mou	ATTENDING 1	NED. STAFF		22b. DATE
22c. PHYSICIAN'S NAME (Type) Norman	DONAT C	тепч	22d. ADDRESS Per 3503 Per	nnysT n	HTRAIN	vien Md
23a. BURIAL, CREMATION, 23 REMOVAL (Specify)	b. DATE THEREOF 23c	colar :	OR CREMATORY	23d. LOCATION (City)	and and	mil.
34 FUNERAL DIRECTOR'S SIGN	/ ^	ADDRESS 3 / 6 5 - 14 (1	0 - 100	Sb. REGISTRAR'S SI	4 1 -

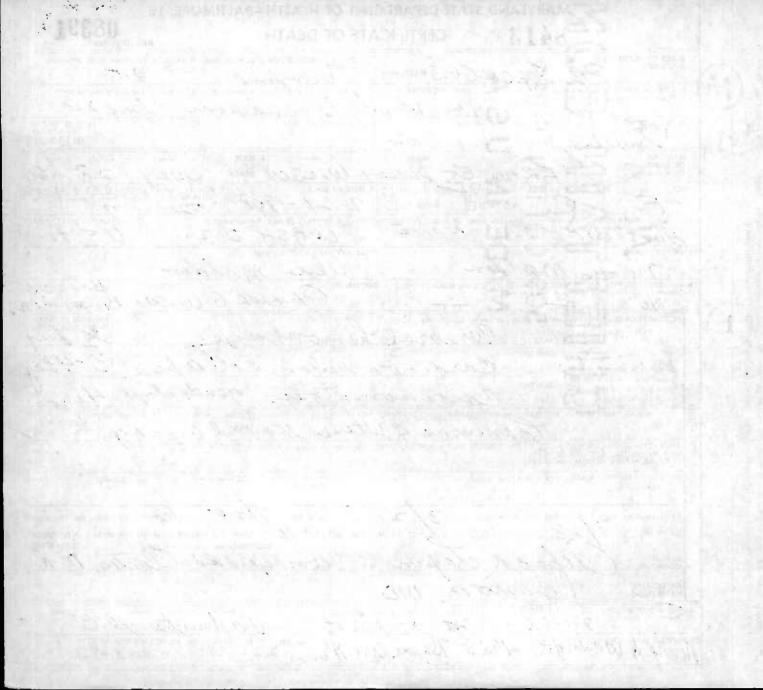
wash. K.C.

2 3

VS A1S (4) 1SM 9/58

		8413	CERTIFICA	TE OF DEATH	Reg. Dist. No.	391
		PLACE OF DEATH O. COUNTY PR. GEOR	GE SMARYLAND	2. USUAL RESIDENCE (Where deceased o. STATE Maraland	lived. If institution: Residence before b. COUNTY P-G	admission)
VI		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	4 no - 7 days.	X Brandu	- Jours	20
4		d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Suuthum Mg. (4)	lusp. Center	d. STREET ADDRESS		ON A FARM?
		NAME OF DECEASED (Type or print) FRAN	CES DOROTH	7	JULY 2	9 1960
		F C WIDOWE	D DIVORCED	7-21-1908	52 yrs. 7	Hours Min.
		USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	KIND OF BUSINESS OR INDUS	WASH. D.	untry) 12. CITIZEN OF V	THAT COUNTRY
		Harry Madde	'yL	///	dden	
	15. (Ye	WAS DECEASED EVER INJU. S. ARMED FORCES? 16. 16. (If yes, give wor or dates of service)	SOCIAL SECURITY NO.	GARNER		elzzc
		1B. CAUSE OF DEATH [Enter only one cause per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Probral	hemorkog		VAL BETWEEN
		Canditions, if ony, which gove rise to immediate	andiovo	esculor co	clapse 3	-4 day
	7	lying couse lost. DUE TO (c)	accino	natosio, g	eneralized. 4.	ys.
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDUTIONS C	cenoma & C	theres semour	& beps dop	YES NO D
	AL CERTI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		CE OF INTERVALUE OF INJURY (No. 100)		16.
	MEDIC	Hour o. m. While	Not while of work	CE OF INJURY (Hame, farm, 20f. (City fory, street, office bldg., etc.)	or town) (County)	(State
		21. I certify that I attended the decease alive an, 19_		accurred at 2:10 M, from 1		stated abave
1		ACTUAL SIGNATURE SIGNATURE	Lapin,	ADDRESS (SH A.D. Worlyard	Rd Clinton,	ma signe
	22.0		TON, MD.			ger sine sen may ago men agos maka agos maka agos Anno agos may may managan ma
	220	REMOVAL (Specify) 22b. DATE THEREOF	22c. NAME OF CEMETERY OF	levet Was	ON (City, town, or county)	S ^(Stote)
	A	wy x Washingto 49.	25 Neary a	LUE ME. DATE AUG 1	60 246. REGISTRAR'S SIGNATURE CITCHIA S. Kin	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



Reg. Dist. No

Months

ON A FARM? YES NO

Year

1960

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> WAS AUTOPSY PERFORMED? YES NO

> > (Stote)

DATE SIGNED

(Slote)

Doys

(County)

VS A15 (4) 15M 10/57

	BY HEROMITIAS - HTTASH SO SVENTRA GED STATE ONALY HAM					
	HI	ARG PO-BY	CERIEFICA			
	Section 1					
	d with the land					
	A CONTRACTOR	-8-02				
					1	
	THE RESERVE AND ADDRESS OF A SECOND					
Augustina de la		B 4 4 5 6	140			

FOR STATE HEALTH DEPT. TO DEX. I MEDICAL EXAMINER: This certificate should be executed within 24 hours after death, if any asy is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for year filles. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Fill peges 1 and 2 with the State Bord of health, or its designated agent, prior to burial, cremetion, or removal, and in any event within 72 hours after death. 0 VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

VISION OF STATISTICAL RESEARCH AND RECORDS, SOF W. PRESTOR STREET,	PARITITORE I, MARTERIES
8362 MEDICAL EXAMINER'S CERTIFICATE OF E	DEATH (18393

PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (Where deceased lived, If inst a, STATE b, COUNTY	
Prince George's MARYLAND	Maryland Pr	rince George's
b. CITY OR TOWN (if outside corporeta limits, write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RI	URAL end give neerast town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	a. IS RESIDENCE
Prince George's General Hospital	RFD Box 3640	ON A FARM? YES TOO
3. NAME OF First Middle DECEASED	Lest 4. DATE Month	Day Yeer
(Typa or print)	Windson Death Tarle	nd 19 60
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	April 7, 1885 75 yrs.	Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer Retired	Maryland	U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Robert Windsor	Mary Boswell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyesgivawerordalasofservice)	Nellie M. Cooksey Address	
no 577-22-2392		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Box 3640 Naylor Md.	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute cong	estive heart failure	ONSET AND DEATH
1 1 1 1 0 1	estive neart latiture	
Conditions, if eny, which (b) Cardiovasc	ular renal disesse	
gava rise to Immadiata cause	dial ichai dibobbe	
(e), stating the underlying DUE TO		
causa lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT DELATED TO THE TERMINAL DISEASE CONDITION CIVEN	DIDARTY LISO WAS AUTORS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT IN	TOT KELATED TO THE TERMINAL DISEASE CONDITION GIVEN	PERFORMED?
S SVESTIGATION OF THE STATE OF		YES NO A
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	(Enlar nature of injury in Part I or Part II of item 18.)	
	LACE OF INJURY (Home, farm, 20f. (City or town) actory, street, office bldg., atc.)	(County) (Slate)
21. I certify that I took charge of the remains described above, I	held an Autopsy . Inspection . Inquiry	x, and in my opinion
death resulted from: Natural causes 24, Accident, Sui	icide, Homicide, Undetermined man	ner
	CHIEF MEDICAL EXAMINER	
SIGNATURE TOTAL OF THE STATE OF	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S James I. Boyd	DEPUTY MEDICAL EXAMINER	7/28/60
228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY C	Address (Street, city, town, or county) OR CREMATORY 22d. LOCATION (City, town, or	country) (State)
Burial (7/30/60 Mt. Carmel	Upper Marlbo	242
23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR 24b. REGIST	
Huntt Funeral Home Waldorf, Mo	d. DATE AUG 2 '60 an	Thur S. Kraus

eucon de	AND STADISH THE OF BEE		944	NSK
Prince George			e tonnost s	00/11
	Maylor		[ec	Citera
X	of a mor UTE	nevel Rose 1 ted	et et serce	Piline
9 4 - 19 - v.Int.		figurent	amorly	
	April 7, 1885 75		01 466	erest.
.A .a .u	boolyzoff	0,715	5.	Frince
	Mary Bornell Lile . Goodest	5975-25-777	ราวกร์ส์	Robert
	erustas praec eribas	Active code		
	anasalb Laner well	Cardiovase		
7	z z			
			Server Street	
09/88/4	X	Dyo	James I. P	
nabono Ho.	Teagli	Mt. Onemol	2/30/50	INTERNET
and I was	93 9 300	Troblet en	of Tarenta	Huntt

ofter death. Page 4

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h

TO HOSP!

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

08394

()	363		CERTIFIC	ATE OF DE	ATH				083	94	
1. PLACE OF DEATH o. COUNTY	Prince Ge	eo rges	MARYLAN	2. USUAL RESIDE	NCE (W		d lived. If ins b. COU	INTY .	ce Geo		
b. CITY OR TOWN	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)							_			
d. NAME OF HOS	N .			d. STREET AD	DRESS	llsvil	16				FARM?
	Georges		Hospital		t. 1	Box 3] NO [
3. NAME OF DECEASED (Type or print)	5/17-1	Baby Baby	Middle B oy	Wright		4. DATE OF DEATH	12	Manth	1960	-/	Year
s. sex Ma le	6. COLOR O	R RACE 7. MAR	RRIED NEVER MARRIED		1960	0	9. AGE (In y lost birthd		nths Doys	Hours	Min.
10a. USUAL OCCUPA during mast af w	TION (Give kind orking life, even i	of work done 10b if retired)	. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLA	CE (State	or foreign co	ountry)	1:	2. CITIZEN O	FWHAT	OUNTRY
None				Mary 14. MOTHER'S	rland				U.S.	A.	
	eld Frank	klin		Henre			oth t				
IS. WAS DECEASED E (Yes, no, or unknown)		AED FORCES? 16	SOCIAL SECURITY NO.	7. INFORMANT Mother	2.000	NA L		Address Same		To 1	
Conditions, it gave rise to cause (a), statilying couse la	immediate ng the <u>under-</u> st.	(b) (b) (DUE TO (c) (c) (c)	CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERM	INAL DISEAS	E CONDITION	N GIVEN IN	N PART 1(o)	PERFC	AUTOPSY ORMED?
□ OR CONTRIBUTI	WAS UNDERLYING NG CAUSE OF FY MEDICAL EXAM	DEATH	SCRIBE HOW INJURY OCCU	RRED. (Enter noture of	injury in	Part I or Por	t II of item 18	3.)			
20c. TIME OF IN.	n.	While		. PLACE OF INJURY (H factory, street, office			or town)		(County)		(State
21. I certify	hat (I) (this h	ospital) atten	ded the deceased fre	uly 11			July 1				we) las
	eased alive a	n	19, and the	ar deam decorred	at 2 es	Mairom	the cause	s and or	n the date		b. DATE
22a. SIGNATURE	Resuls to	2. Ohres	Taulu	M.D. PHYS.	□ D	ED.	STAFF PHYS.	x	-311	Jı	
3011 1110 0000	Revala to	2. Chris	Tender Territorial	M.D. PHYS. 22d. ADDRES	D D	RECTOR [STAFF PHYS.		ge Par		oly 1

10220			Little	
	and the state of t			
			Citayusi	
	THE WALL OF SALES	Lateria de la	Laborat Agrando es	
	and a single	(P)		
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a_s U. U.				
	and the second		1 10	
iet za	The state of the s			